A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons.

BY JOHN HILTON, ESQ., F.R.S.,
SURGEON TO GUY'S HOSPITAL,
PROFESSOR OF ANATOMY AND SURGERY TO THE ROYAL COLLEGE OF SURGEONS.

LECTURE V.—(PART II.)

Case of Diseased Spine, with severe Pain upon the Back of the Head; impending Death from Pressure upon the Spinal Marrow; cured.

I MUST now refer shortly to the particulars of another case somewhat like the foregoing. In 1850 I was requested by Dr. Addison to see with him one of his hospital patients, a young woman suffering from injury to the upper part of the spine, the result probably of accident. This was subsequently ascertained to be the fact. I found her almost pulseless, in great distress of breathing, with loss of voice, an inability to swallow, paralysis of arms and legs nearly complete. She had had from the early part of her illness severe pains spread over the back of her head and neck, increased on pressing the head downwards upon the spine, and on rotating it upon the spine. Her symptoms had gradually arrived at this stage of danger without benefit from medical treatment. I might here say, that the difficulty of breathing and deglutition had so greatly increased of late, that it was thought necessary, or to her advantage, to lift her up more and more in the bed; but the change of posture seemed only to add to her distress in breathing and swallowing. These were the difficulties for which my assistance was requested. She was then propped up in bed by pillows at her back, with her head inclined somewhat forwards, or dropping upon the chest. As the impediment to swallowing was an almost insurmountable difficulty, I was desired to examine the throat, but I could not discover anything wrong in it. It was our opinion that her life was in imminent or perhaps instant danger: she was paralysed, and could not swallow; her voice was excessively feeble, and the pulse not very perceptible; she scarcely breathed at all, and was not quite conscious. It was evident that something must be done without delay. Believing that her symptoms resulted from the odontoid process of the second vertebra pressing upon the spinal marrow, close to the medulla oblongata, I advised that she should be made to lie down immediately. On saying to her, "You must lie down in bed," she replied, in the smallest possible voice, "Then I shall certainly be killed; I can't get my breath." Seeing there was no time for contention, I told her our opinion was, that if she was not placed horizontally in bed she would in all probability die in a very few minutes. Being paralysed, or nearly so, she could offer no resistance to my purpose; and I shall never forget the weight of the responsibility when I took hold of her, desired the pillows to be removed from her back, and, supporting her head and shoulders in my arms, slowly placed her upon her back, nearly flat upon the bed, with her head upon a thin pillow, some additional support to the hollow of the neck, and two sand-bags, one on each side of the head, to prevent lateral or rolling motion.

Here was a patient in the greatest possible danger, and I cannot hesitate to express an opinion, that if the head had fallen forward, say half an inch, she would have died in an instant. Her sense of suffocation was soon relieved by the horizontal position, and she remained lying down uninterruptedly during six months, at the end of which time all the serious symptoms had disappeared. She was then allowed to move about the ward with caution, and a few months afterwards left the hospital, well, with the exception of a stiff neck, most probably depending on anchylosis or bony union between the atlas and the axis. In this case nothing but complete rest was employed as a remedy; rest was the only element of success in the treatment, and I think it is a very striking example of its power to prolong life, by enabling Nature undisturbed to repair her injuries. I believe this patient would have died if she had remained but a few minutes longer in the position in which I found her.

Case of Diseased Spine, with severe Pain upon the Back of the Head; sudden death of the patient.

I will now direct your attention to another case of diseased cervical vertebræ, but which terminated in sudden death. It is the case of a little child, five years and five months old, whom I saw in 1841. She was a small, delicate, unhealthy girl. She had been accustomed to ride a good deal in the country with her mother in an open carriage, and was thought in that way to have caught a cold in the back of the neck, which became gradually stiff and swollen, accompanied by pains in the head and neck. These pains were believed to be rheumatic, and the treatment employed had reference only to that impression, which was supposed to be supported by some pain experienced in the limbs, with cramps and stiffness in walking. She frequently suffered from fever and loss of appetite, and had been under medical treatment during many weeks, the symptoms slowly increasing in severity. The mother told me afterwards that she had thought her an obstinate child, and that she sometimes threatened to punish or to shake her well, because she would not take her food. I have no doubt, if she had done so, she would have killed the child. Upon careful examination, I thought I made out the case to be one of disease between the first and second cervical vertebræ, or thereabout. I say thereabout, because the parts were too much swollen and too painful to admit of a more critical or accurate local investigation. There was pain at the back part of the head, in the course of the great occipital nerve; pain also behind the ear, in the course of the auricular nerve, of the second cervical; pain in the higher part of the neck, by rotation of the vertebræ upon each other; and pain in the same vertebræ, probably the first, second, and third, by pressing the bones upon each other. She had some difficulty in deglutition, and the voice had lately changed its character and become more feeble, indicating that the pneumogastric nerves, and possibly spinal accessory, were involved in the mischief. Thus recognising the real character of the case, in common with the surgeon in attendance, directions were given that the child should be placed upon her back, with her head resting upon a thin pillow, and some additional support to the nape of the neck, each side of the head to be supported by sand-bags, so as to prevent any lateral or rotatory movement in the neck. It was plain that if the life of the child was to be prolonged or saved, it could only be accomplished by long-continued rest to the spine; and for the purpose of securing easy rest to the little patient, a water-bed was sent from London, and the child was safely placed upon it, with the sand-bags extending from the shoulders to beyond the head. In about a fortnight, the nurse specially appointed to attend the child, finding that her rest at night was now so calm and quiet, that she was so free from pain and fever, that her appetite and power of swallowing were so much improved, as well as her temper, and thinking she was altogether so much better, and willing no doubt to mark her own penetration as well as to please the mother by telling her in the morning what had been done by her little charge,—this meddling and officious woman, instead of giving the child her breakfast, as usual, without disturbing her head or neck in the least degree, desired the child to sit up to breakfast. The child did so; the head fell forwards, and she was dead. The post-mortem examination proved that disease existed in the articulations between the first and second cervical vertebræ, that the bones were loose, and that when the head with the atlas, or first vertebra, fell forward, pressure had been made upon the spinal marrow, close to and below the medulla oblongata, at the point of decussation, so that the child was killed almost instantly, as in pithing animals. This was a case in which both the surgeon and Nature were completely thwarted. The local disease was considered at the time to be dependent upon a constitutional or scrofulous cause, but I have since understood that it was the result of a blow given to the little girl by her brother, who struck her with

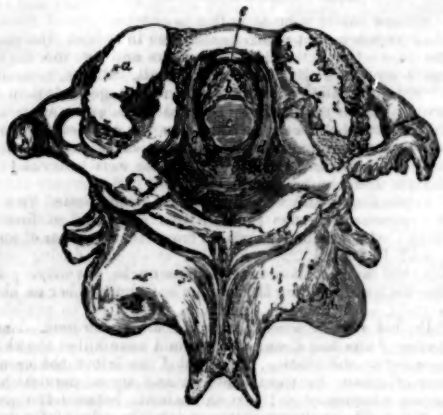
something he picked up in the room. It was not constitutional; there was no visceral disease of any kind.

This is another case that I thought I might detail as an evidence of a very severe condition of disease, the real character of which had been overlooked, and which in all probability would have been improved and cured by proper and long continued rest. But, as I observed before, Nature and the surgeon were both thwarted.

Case of Diseased Spine; sudden death of the patient.

I have here a preparation from Guy's Museum, which has no special history attached to it. It marks the great features of the cause of the fatal accident which happened to this little child. There is disease between the occiput and the atlas, and

FIG. 16.



Drawing of a wet preparation of the first and second cervical vertebræ in Guy's Hospital Museum, showing partial ulceration of the articular cartilage upon the occipital articulations of the atlas, and laceration of the transverse ligament, which ought to embrace closely the posterior surface of the odontoid process of the second vertebra. *a, a,* Upper articular surfaces of the atlas, both indicating a diseased state of the joints between the occipital bone and the atlas—the disease more advanced on the right side than on the left. *b,* Odontoid process of axis, or second cervical vertebra. *c,* Articular surface for transverse ligament. *d,* Transverse ligament, ruptured from softening and laceration of its fibres, thus permitting the atlas to move forwards with the cranium from the axis. *e,* Articular surface upon anterior part of atlas for the odontoid process.

also between the atlas and axis; the transverse ligament has been forcibly ruptured, or has given way by structural disintegration, so that the odontoid process was free and able to make pressure upon the medulla oblongata, and thus to kill the patient. Mr. Mackmurdo informs me, that when attending the surgical lectures of the late Sir A. Cooper, he well remembers seeing a preparation exactly like this, and to which Sir Astley appended the facts, that the man to whom it had belonged had been long the subject of syphilis, had suffered great pain in the neck, and that, after eating his dinner, his head fell forwards upon the table, and he died instantly. He added that the cause of death was pressure made upon the spinal marrow by the odontoid process of the axis.

Case of Diseased Spine, with Post-pharyngeal Abscess from which were expelled portions of the Atlas and Axis.

Here is another interesting preparation, consisting of two portions of bone: the larger one appears to be the articular surface of the anterior part of the atlas, which articulates with the anterior surface of the odontoid process of the axis; the other portion, probably a part of the articular surface of the odontoid process. I will now read to you a short record of this case from the Guy's Museum book:—

"Mrs. G——, a patient of Mr. Babington in 1834, a married woman, who had worked hard at washing, and been much exposed to cold. Five years before, she had an attack of pleurisy, but was not aware of having taken mercury, at least not to salivation, and she never had syphilis. Four months previously to her seeking advice, she began to find her neck stiff, with a pain at the back of her head. These symptoms increased, until one day, on coughing, she brought from her mouth a piece of bone, and subsequently some smaller fragments, and a portion of the atlas, or first vertebra, seen in the specimen. She was visited for some months afterwards, when the head was nearly fixed, and there was a discharging ulcer at the back of the pharynx. The patient was last seen in October, 1838, when she was in tolerable health, and serving at the bar of a public-house."

FIG. 17.

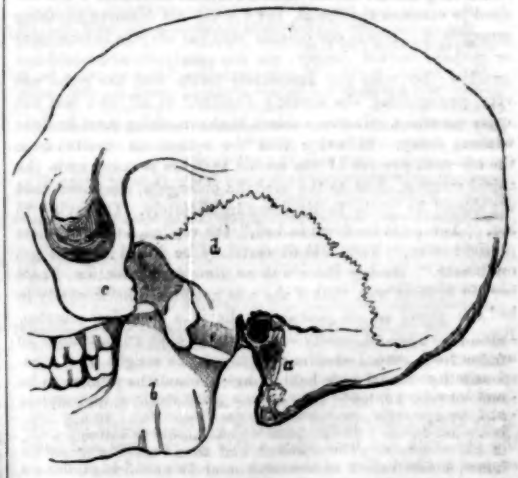
Small portions of atlas and axis which came from an abscess in the pharynx, preserved in Guy's Museum. An atlas, or first vertebra, is introduced for the purpose of comparing—*a*, The normal articular surface upon the atlas, for the odontoid process, with—*b*, Portion of bone from the pharyngeal abscess, and believed to be the articular surface of the atlas. *c*, Another portion of bone from the same abscess, and believed to have been detached from the odontoid process.

There are in the anatomical museums of this metropolis many pathological specimens of complete bony anchylosis of the occipital bone, atlas, and axis. Such preparations show clearly that very important and dangerous disease of the articulations between these bones must have existed, and that the patients must have lived some long time after the disease had been so far remedied by anchylosis. I have here before me upon the table several preparations illustrative of perfect recovery from disease of this upper part of the spine by bony anchylosis, but I select for your attention this example, partly because the local repair of the spine was only in progress at the time of death, but especially from its displaying also a rare pathological fact—viz., perfect union between the inferior maxilla and temporal bones on *both sides*.

Case of Diseased Spine, causing death; Anchylosis of both Temporo-maxillary Articulations.

This head and spine belonged to Charles Davis, a black from Jamaica. He was admitted into Guy's Hospital Oct. 12th, 1825, under Dr. Bright. Three years previously he slipped down three or four steps into the cabin of a sloop, and in the

FIG. 18.



Side view of the skull of C. Davis. *a*, Mastoid process of left temporal bone. *b*, Lower jaw. *c*, Malar bone—the zygomatic arch cut away. *d*, Temporal fossa. *e*, Bones forming the temporo-maxillary articulation, cut vertically so as to display their perfect osseous union.

fall ran a fork to a very small depth into the back of his neck. He felt no inconvenience afterwards. About sixteen months before admission he felt pain in various parts of his limbs, and frequent inability to move his arms and limbs freely. "The head is always bent forwards, so that the chin approaches the top of the sternum. He can nod his head a little, but cannot turn it.—Dec. 6th: More pain in the shoulder and neck.—22nd: Was seized with stiffness and pain in his feet.—29th: Pain in his neck increases; he is unable to walk, and almost to use his arms. He has occasional cramp in his legs; says he fails in every part of his body.—Jan. 2nd: Speaks less distinctly; has pain about the muscles of the neck and shoulders, and is scarcely able to walk.—6th: Complains of pain in the hips on motion.—20th: Tenderness about the neck and shoulders, increased on pressure; no loss of sensation in any part; bowels regular; urinary discharge natural; pulse 100, rather weak.—March 4th: Only very slight motion in the jaw.—7th: Increasing fixity of the lower jaw. His inability to move the jaw continued to increase, until it became totally locked, so that he could take no nourishment but what he sucked in between his teeth, or through the space produced by the removal of his first molar tooth." He gradually sank, and died March 23rd, 1826, about three years after the punctured wound in the neck, which might or might not have been the cause or starting-point of the disease in the cervical vertebræ. The post-mortem examination was as follows:—"Body emaciated and rigid; neck immovable; the jaws inseparably locked; cranium remarkably thick; arachnoid opaque and thickened; a more than natural quantity of fluid external to the brain, which was generally firm and of healthy appearance. The thalami and corpora striata were less so, with some reddish marbling. The medulla oblongata was less tough than usual, and broke off short when the brain was being removed from the cranium. The membranes adhered to this part with remarkable firmness. There was no motion between the occipital bone and the atlas; the articulating surfaces had ulcerated, and bony union had commenced. The articular surfaces between the transverse processes of the atlas and vertebra dentata did not appear to be diseased, but there was a considerable quantity of bony matter thrown out on the dentiform process of the second vertebra, not merely impeding the motion of the joint, but encroaching on the spinal canal. Anchylosis had also taken place between some of the succeeding cervical vertebræ. A very compact and hard bony deposit was formed immediately under the anterior ligament of the spine, upon the bodies of the upper cervical vertebræ, and that part concealed the intervertebral substance. On cutting the muscles of the temporo-maxillary articulation, it became obvious that bony union or anchylosis of the joint had occurred to a considerable extent on both sides; the soft parts did not appear to be at all diseased in the neighbourhood of any of the affected joints."

Case of Injury to fifth, sixth, and seventh Cervical Vertebræ; Paralysis and Loss of Sensation in the Upper and Lower Extremities; the patient lived fourteen years, and then died from another accident.

Only a short portion of my appointed time remains to me to-day, and I will detail to you a case of great interest in two or three respects. John Carter, aged twenty-one, had an injury to the fifth, sixth, and seventh cervical vertebræ, producing paralysis of both legs and both arms. He lived fourteen years, and then died from the effects of another accident. The particulars of this case, as far as I know them at present, are these:—The accident occurred in May, 1836. The man's age was twenty-one. He fell from a tree, forty feet, upon his back or probably his head. He was senseless, unconscious, and paralysed below his neck. He was carried home upon a hurdle, and was seen by the late Mr. Whitmore, of Coggeshall, Essex, two hours after the accident, and he some years ago wrote me this note:—

"It was in May, 1836, that I was called up, on a Sunday morning, been four and five o'clock, to John Carter, who had fallen from a tree, when in the pursuit of young rooks. When I saw him he was perfectly insensible and motionless; cold, and breathing imperfectly; with a pulse weak in the extreme; and he appeared to have sustained some fatal injury to the brain or spinal column, from which there was scarcely a hope of his recovery. The accident had then occurred about two hours, I believe. I ordered hot flannels and other means to be used, to restore warmth to the body and to bring about reaction. In the course of the day reaction was established, and there were signs of returning consciousness, evidenced by a groan when aroused. Towards evening the pulse was so far re-established as to warrant venesection. In the course of the night he became more conscious, and was sufficiently sensible next day to enable me to ascertain that the serious injury was high up in the spine. There was a perfect absence of muscular power, and of sensibility of the skin throughout the body, except in the head and upper part of the neck. The muscular power of the neck was lost also for several days; but after cupping the back of the neck, and using proper remedies, a capability of moving the head gradually returned. The bladder was paralysed and the catheter required."

(I send round two sketches. No. 1 is a copy of No. 2, which is a line engraving of Hewson, taken from the Sydenham Society's works. This patient used to amuse himself or earn his living by making copies of this kind; he made them with his mouth, and this is certainly a most extraordinary example of the man's wonderful artistic capabilities. He employed a camel's-hair brush, three or four inches in length; and every line you see has been made in that way.)

"There was no appearance externally to indicate the precise situation of the injury as to the vertebræ—not the slightest irregularity; but the general symptoms and circumstances rendered it pretty certain that serious damage had been sustained by the fifth or sixth cervical vertebra. After some weeks, a certain amount of motive power was restored to the head and neck, and sensibility to the same extent; but the rest of the body (as long as I attended the case) remained perfectly paralysed and insensible.

"I left Coggeshall to go on the continent, and after five years' absence, on my return I was surprised to find the patient Carter still living, and in much the same condition as when I left England."

I myself saw this man several times during the latter period of his life, and these are the few notes I took of his case at the time:—

"Perfect loss of sensation in the lower extremities and in the upper extremities, except indistinct sensibility on the left side as far as the elbow. Muscles of the left shoulder more developed than the right. Feels distinctly on the left shoulder, and indistinctly on the right shoulder. The left forearm is now flexed; the thumb is turned into the palm of the hand, and the fingers are bent over it. Right arm nearly straight; the little and fourth fingers flexed. The hands remained open until about six months after the accident, when contraction commenced. No contraction in the feet, except that the right foot is a little flexed. Legs jump a little during the efforts at defecation, and sometimes suddenly without obvious cause. Arms jump, especially the right, during micturition. Bowels not open without medicine (senna). On some days has peculiar sensations of chilliness, becomes pale, and then feels hot and flushed both at defecation and micturition. The more constipated the bowels, the more of these peculiar sensations are experienced. Urine very offensive when he has caught cold; at other times not so offensive, but always a little so. Urine acid. Feels a distinct pain in the bowels occasionally, and now and then an aching in the loins. When sick, vomits with great difficulty. Erections of penis are frequent, and last a quarter of an hour, with slight escape of seminal fluid occasionally. Spine: nothing abnormal to be felt. No costal movements during respiration; no hiccough. One good meal of meat daily."

This case forms a great encouragement to give every possible care and attention to the treatment of injuries of the spine, with the hope of obtaining the same happy result as occurred in this instance. According to the statistical averages, he ought to have died within a few days after the accident; but, repudiating any such illegitimate duty, he lived during fourteen years, and his death occurred from accident: whilst being dragged about in a little four-wheel cart by a boy, he was turned over, and as he could not put out his hands to save himself, he fell with great violence upon the ground; this led to some chest affection, which occasioned his death in a few days. His friends would not allow his surgeon, Mr. Nott, of Coggeshall, to examine the body, and only upon a very special application was he permitted to take out the portion of spine which I now send round, just before the removal of the body from the house for the purpose of immediate interment, otherwise we should never have known what kind of accident this patient had experienced.

In the diagram, or large drawing, before you, made from the preparation itself, the bodies and arches of the fifth, sixth, and seventh cervical vertebræ are seen blended together by bone; the body of the sixth vertebra is displaced, and projects backwards into the vertebral canal, and no doubt was the cause of the paralysis. It is worthy of notice that the intervertebral substances have disappeared, but their outlines are still

marked, and their places occupied by bone. The thin articular laminæ of bone usually interposed between the intervertebral substances and the bodies of the vertebræ are still visible, although the intervertebral substance is gone. Everyone must admire the perfect and level union by new bone which has taken place at the fore part of the spine; and if nature could have been as effective in the other direction—that is, towards the vertebral canal—this patient might have lived and perfectly

FIG. 19.

Represents a vertical section of J. Carter's spine, including the six *lower* cervical vertebræ and the first and second dorsal vertebræ, marked 8 and 9. The fifth, sixth, and seventh cervical vertebræ are seen consolidated by bone, both at their bodies and their arches.

recovered. I will conclude my reference to this case by reading an extract from a short memoir of this man, published by John Parker in the Strand; and I may add that the whole memoir is of great interest, and will amply repay the reader for the time he may employ in its perusal:—

"The way in which John Carter executed his works must be stated. The posture in which he drew was, lying a little on the side, with the head a little raised by pillows. A small, light desk of deal, made under his own directions, was adjusted for him. On this desk his drawing-paper was fastened in the usual way. The drawing to be copied, if of moderate size, was set up between the drawing-paper and the desk; or, if too large for this, was suspended by tapes from the top of the bed. He never drew but in bed. He first sketched his subject with a lead pencil, sometimes as little as four inches in length, which he held between his teeth. This done, a little saucer of indian ink was prepared, and the brush was moistened by his attendant, and placed in his mouth. He held it fast between his teeth, and by the motion of the head produced the most accurate and delicate strokes."

I must apologise for detaining you so long with the details of these cases of disease of the cervical portion of the spine, but they appeared to me of great interest in showing the value of rest as a remedial agent in such diseases. The last case, in which the injury was not situated in the immediate neighbourhood of the atlas and occiput, had intrinsic and rare merits of its own, which must be my excuse for devoting so much time to its relation.

Clinical Remarks

UPON A

CASE OF DIABETES.

Delivered at Charing-Cross Hospital,

BY W. HUGHES WILLSHIRE, M.D. EDIN.,

ASSISTANT PHYSICIAN TO, AND LECTURER UPON MEDICINE AT, THE HOSPITAL

GENTLEMEN,—There is a female patient, named P. E——, in the Clinical Ward, to whom I am desirous of directing your attention. I have already incidentally referred to her, but as her case is one of much interest, and as she has now been some time in the Hospital, and we may possibly soon lose her, I wish to enter into some details about her whilst she yet remains with us.

This patient is twenty-nine years of age, married, and has one child. She was admitted into the Hospital as far back as the 12th of May. She then told us—or at least my clinical clerk, Mr. Belcher, who took the case down—that a few months after having had ague, in 1857, she began to be troubled by intense thirst, and by being very frequently obliged to micturate. The amount of both thirst and urine had been increasing ever since. In March, 1858, she first noticed her eyesight to become affected; there was a dazzling, afterwards a kind of mist or smoke seemed to pervade everything, and the power of vision gradually went away, leaving her blind in both eyes. The catamenia had stopped eight months back, and had not reappeared. Latterly her skin had become dry, and inclined to scale off in the winter. During the previous summer, however, she sometimes perspired freely. Her appetite for the last six months had become ravenous. She had suffered from thirst ever since she had ague in 1857, but of late her desire for drink had much increased. She has long been obliged to rise several times during the night to pass urine. The bowels are usually very costive, being occasionally confined for a week together; but sometimes she is liable to a slight attack of diarrhœa. She is very emaciated, but has a rather florid colour, and seems happy and resigned in mind. She has not any cough, and does not look phthisical. She entered the Hospital to have her eyesight remedied by Mr. Hancock.

Soon after her admission, my colleague kindly referred the medical department of her troubles to my clinical service. It was not a difficult matter to arrive at the nature of the sufferings of thankful and happy-minded P. E——. You have heard that she was very hungry, very thirsty, and very thin; that her skin was dry and scurfy; her bowels confined, and that she passed a very considerable quantity of urine. We found her so weak that she was forced to lie in bed, yet hinting that she could *eat* a little more if more was offered to her. We smelt her breath, and noticed that it had a very marked sweet-apple or chloroform-like odour, though not such a strong one as had another diabetic patient of mine up-stairs, the approach to whose bed was something like going near an unstoppered bottle of chloroform. There is no exaggeration in this statement; some of the last session's students will bear me out in what I say, as they were witnesses to the fact.

Now these were general and vital signs, all pointing to the presence of sugar in the patient's urine. Well, then, we examined her urine. We found it voided in quantity between eleven and twelve pints in the day. It was of a very pale straw colour, sweetishly faint in odour, clear, and having a specific gravity of fully 1040. Upon applying the tests of Trommer, Moore, and using the solution of Barreswill, we found the presence of sugar abundantly demonstrated. Some of you will recollect that we afterwards put some yeast to the urine, and so availed ourselves of the fermentation test. This test we also had recourse to again only the other day. It was clear, then, that this woman had glucosuria, and was passing a considerable amount of solid matter in the urine during the twenty-four hours. We examined her lungs, but could not detect that she had that common accompaniment of diabetes—viz., phthisis. But if she was not consumptive, she was *blind*. Mind, this is a point of great interest in this

case. She was blind, I say; she had *cataract*, and cataract of both eyes. Before, however, I touch further upon this matter, let me tell you what we did for the diabetes. I ordered her a grain of quinine and a grain of opium three times in the day, an occasional warm bath, and purgatives when necessary. All vegetable matters, except coarse brown bread with the bran in it, and which is made, I may remark, purposely for us by one of our governors, (Mr. Robb, in St. Martin's-lane,) were prohibited. A rigorous embargo was laid against sugar, but *four* meat diets, with extra milk and eggs, were allowed her to make up for these denials. Soon after this plan of treatment was put into force, the patient began to improve; she got much stronger, the quantity of urine lessened, and the gravity of it became often much lower. She ceased to rise to micturate in the night, the bowels became more manageable, and the thirst much less intense. Sufficient for me to say, she now passes (Oct. 15th, 1860) four pints and a half of urine during the day, the specific gravity of it being from 1038 to 1040. This quantity, with an occasional lower degree of gravity, has been the rule for some months past. Once the quantity went down to three pints, and had a gravity of 1026, but sugar was still contained in it. Then both quantity and gravity rose again, and do what I may, I cannot get it less than four pints, with a gravity of 1038, for any length of time. The only addition to her treatment up to quite recently has been, that the opium and the quinine were each increased to two grains three times in the day. Once for a few days the patient felt so well, that she could not refrain from eating some potatoes. The urine rose in quantity and gravity, and she had a slight attack of diarrhœa. But she has undoubtedly gained flesh since she has been under the treatment I have mentioned.

Now to revert to her blindness. You hear the patient had cataract of both eyes, for the relief of which she had sought Mr. Hancock's skilful assistance. Let me now inform you that an American physiologist, Dr. S. Weir Mitchell, published in January of the present year a memoir showing that cataract could be produced in frogs by introducing sugar into their system; and his further experiments proved that a peculiar form of cataract was a pretty constant attendant upon "sugar-poisoning." This paper coming across the notice of a gentleman whose genius for physiology is only equalled by his acuteness and persevering energy—namely, Dr. B. W. Richardson,—served at once as a hint to him for undertaking what he has called the "synthesis of cataract." From March last up to the present time, I believe, he has been more or less occupied in its investigation. He first began by introducing syrup-of-cane sugar into the living system of fishes and frogs, and, as a rule, it may be said that "sugar-poisoning" and opacity of the lenses were produced. Dr. Richardson then experimented with grape-sugar and with syrup-of-milk sugar, and the like results followed. He then passed on to mannite, and the effects were the same; but in his next experiments with liquorice there was a want of agreement. A grand point now with Dr. Richardson was to be enabled to introduce true diabetic sugar into the living organism. I am glad to think that my colleague, Mr. Hancock, and myself were enabled to place our patient, Phœbe E——, at Dr. Richardson's disposal for this purpose. We had the pleasure, some of you will recollect, of seeing Dr. Richardson at this hospital during the early part of the summer. He obtained from us several pints of the patient's urine, with which, to use his own expression, he "made numerous interesting experiments;" some of these, I may add, were performed at Bedford on June 15th, before the members of the South Midland Branch of the British Medical Association. As a rule, again, symptoms of "sugar-poisoning" were produced, and the cataractous condition was "markedly brought out." Other series of experiments have also been continued by him, but for further information about this gentleman's inquiries I must refer you to his papers now publishing in Dr. Brown-Séquard's *Journal de la Physiologie* (No. 12).

Attention was now directed to the chronicles of *pathology*, to discover if they gave any support to this physiologic view of a causal connexion between diabetes and cataract. The most concise *résumé* of what is to be obtained in this field you will find in the last volume of Guy's Hospital Reports (Third Series, vol. vi., p. 266), in a paper by Mr. J. F. France. He there tells us that he himself drew attention to "diabetic cataract" in January, 1859, in the Ophthalmic Hospital Reports, but that Dr. Mackenzie of Glasgow had alluded to it in 1854. More recently Messrs. Duncan, Wilde, Walton, Veasey, Sloane, Newman, and Barton have instanced cases bearing upon the point. These you will find specifically alluded to in Mr. France's paper. I have referred to Schauenburg's "Ophthalmiatrik" (p. 114); there I find it stated that diabetes is very often followed by soft cataract, and Unger's name is brought forward in support of the assertion. In THE LANCET of April 28th, 1860 (p. 424), there is a note to the effect that Graefe had stated, in the *Deutsche Klinik*, that diabetes was very frequently the cause of cataract. It is right to mention, also, that Dr. Richardson admits both Dr. Mitchell and himself have been forestalled by Kunde, who some years ago travelled far in the same direction—the synthesis of cataract (*Journal de la Physiologie*, p. 430). With regard to "diabetic cataract," Mr. France generalizes thus: the cataractous condition is symmetrically developed upon both sides; the lenses increase very largely in their antero-posterior diameter; the cataracts are of soft consistence; the ocular affection comes on only after the diabetic state has existed for some time, and there has not in any case been reason to suspect further disease of the eyeball (*op. cit.*)

With regard to our patient, I may remark that Mr. Hancock first operated upon her on June 9th; and he informs me that the cataracts were double and of soft consistency, and that he did not observe that the lenses were larger in any direction than usual. He likewise says that absorption did not by any means proceed so rapidly after the operation as it usually does. The operation performed was that called "breaking up." Mr. Hancock again "broke up" the lenses upon October 8th, and he tells us that although the lens in either eye is not as yet absorbed, the patient is beginning to see very satisfactorily, particularly with the left eye; so that the result of the operations may be considered favourable. Soon after the last operation was performed some inflammation of the left eye occurred, followed by a slight adhesion of the iris. Mr. Hancock and myself had some talk together about suspending the quinine and opium, and giving a little mercury. Although not without some misgivings regarding the possible effects upon the diabetic condition, the last mentioned drug was had recourse to, and certainly with benefit to the visual organs. I have been very anxious about the urine, therefore, and have several times examined it. To-day we made some inquiries, you will remember, about this excretion in the wards. The specific gravity of the urine we found to be 1040; the quantity rather more than four pints; and the presence of sugar was indicated by the various tests we employed. The patient told me to-day that she felt weak, and was obliged to rise during the night to pass urine. When I inquired if she had an appetite for her four meat diets, she smiled, and said, "Oh dear, yes!" as if it was a very easy matter for her to dispose of our commissariat allowance. As I intend, with my colleague's permission and assistance, to inquire into the state of the urinary secretion of his cataractous patients at our neighbouring Ophthalmic Hospital, it is probable you may hear something more from me upon this matter.

ON A CASE OF
SECRETION OF MILK FROM THE RIGHT AXILLA.

BY CHARLES J. HARE, M.D. CANTAB., F.R.C.P.,
PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL.

THE following rare case of the secretion of milk from the axilla came under my observation amongst the out-patients of University College Hospital:—

MRS. M. S——, aged thirty-seven, was admitted an out-patient for slight dyspepsia at the end of April last. On a subsequent visit, on May 14th, she informed me that she had a small swelling under the right arm, which for some while past had given out a white milky-looking discharge, presenting exactly the same appearance as the milk from the breasts. She was a woman of middle or slightly below the middle stature, of good conformation, somewhat thin, hair dark; her general health had been good. She was confined of her seventh child on February 2nd; had suckled all her children, and at no period of her former lactations, or at any other time, had she observed any swelling in either axilla. On this last occasion she had as good a supply of milk as usual, and had reared this child also at the breast. It was on the night of her confinement that she first observed a swelling in the right axilla, which she described as being (when she first noticed it) "nearly the size of half a walnut." It did not increase much

in bulk, but became harder, and caused some pain as low down as the elbow. It was not until the end of a month that it discharged a little fluid, which was then, as it had continued to be up to the time of my seeing her, of a decidedly milky appearance. The discharge of the fluid gave relief to the pain. Though the oozing had continued, and had always been of the same character, it had varied somewhat in amount. If she did not exert herself or use the arm much, less was discharged; but as she attended to her domestic duties, enough generally escaped to moisten the linen, and sometimes even more than this. By pressure she had always been able to force out more of the fluid.

On examining the axilla, I found an irregularly ovoid prominence situated rather nearer the posterior and outer than the anterior and inner part of that region; it was nearly an inch in length, and more than half an inch in breadth, and its longer axis was placed somewhat obliquely with regard to the axillary space. Though the prominence was distinctly visible, yet the mass felt thicker than it appeared to be, as a notable portion of it lay buried in the cellular tissue of the axilla. Its entire bulk was about that of a large filbert or a small half walnut; its outline was but moderately well defined, and not perfectly regular or circumscribed, for the little mass seemed somewhat blended with the loose cellular tissue of the axilla. Its substance was firmish, but by no means so hard and resisting as an enlarged gland usually is in that situation; indeed, by moderate pressure, its shape could be readily altered, though it instantly resumed its original form on the pressure being removed. The skin over the swelling presented no redness nor any different appearance from that of the rest of the axilla; there was no trace of a nipple, and indeed so extremely minute was the aperture through which the fluid escaped, that it was impossible to say at what point it made its appearance until the surface had been wiped quite dry, and a fresh portion was forced out by pressure. It was then found that there was but one orifice, which was situated near the outer and posterior end of the mass, and which seemed scarcely, if at all, larger than that of one of the sweat ducts; there was no papilla or elevation of any kind at the opening. On pressure, the milky-looking fluid readily trickled out, as much as the fifth or sixth (at least) of a drachm being collected in a test-tube in the course of a minute or two; but, even of this quantity, the first portion came away more readily than the last few drops. As already stated, the fluid had all the usual appearances of normal human breast-milk, being a thin, bluish-white liquid, rather sticky when rubbed between the fingers. The small quantity collected in the test-tube, being allowed to remain undisturbed, was found after a few hours to form on its surface a layer of cream. A drop of the fluid being, as soon as collected, placed under the microscope, it was seen to be rich in the well-known, variously-sized oil-globules of milk, without any other observable form; nothing resembling a pus-globule was detected.

Such were the points of the case observable at the time when I saw the patient, in May last; and as the case was a rare one, I exhibited the specimen of the milk I had collected to the Pathological Society. I have since seen Mrs. S—— so lately as Sept. 4th and 18th, when the condition of affairs was, apparently, almost exactly the same as in May. She was still suckling, and still had a discharge of milk from the axilla to about the same amount as before: the size, shape, appearance, and feel of the small axillary mass were as already described. On the former of these occasions, I obtained by pressure about a sixth of a drachm of fluid from the axilla, and also got a small quantity of the breast-milk, so as to compare the two: they were each placed in a test-tube, and in appearance could scarcely be distinguished from each other. After standing some hours, cream formed on the surface of each, the milk from the axilla forming, if anything, in proportion to its quantity, rather the thicker layer of cream. The fluid below the cream was, in the specimen from the axilla, slightly more opaque than in the other, while the latter had rather more of a bluish tinge. Microscopical examination gave just the same results as before, except that a few epithelial scales were also seen. When I saw her on the 18th, she stated that about four days previously the swelling in the axilla had been larger and more tense than usual, and had caused her, as it generally did when fuller than the average, some pain, extending from the axilla down the arm, quite as far as the elbow. On that occasion, the inconvenience was sufficient to make her diminish the size of the swelling by pressing out some of the fluid, which she did with relief. She also stated that on the same day she had an unusual flow of milk in the breasts.

From what has been stated, there cannot be a shadow of a doubt as to the secretion from the axilla being true milk, and of a quality identical, or almost identical, with that formed in the breast. The only question which presents itself is as to the source of the secretion—whether, in other words, the milk was secreted by a portion of mammary gland situated in the axilla, or was conveyed to that part in some unusual manner from the breast.

It is possible to conceive that a communication might have become established between a portion of the breast and some of the lymphatics, and that thus a little milk might be conveyed to a lymphatic gland in the axilla; that the gland becoming enlarged had given rise to the swelling felt in the armpit, and had ultimately allowed the milk to escape as already described. But all the evidence is in favour of the small mass in the axilla being really a portion of true mammary substance situated there, and thus giving rise directly to the secretion of the milk obtained from that region. Independently of the fact of the patient never having had, before or since, any other trace of diseased glands, the physical characters presented by the swelling—the absence of hardness, the elasticity, and some other points already described—were not those of an enlarged lymphatic gland. It is not probable either that such a gland would have continued so absolutely stationary in its condition for so many months, or that the skin over it would have remained so mobile, so free from redness, and in so perfectly healthy a condition. Nor, again, is it likely, had the flow of milk from the axilla depended upon its transmission from the breast (whether along some lymphatic vessels or any form of sinus), that it would have been so constant and regular as it was. It is to be remarked, too, that the swelling in the axilla appeared just at the same time that the milk appeared in the breasts; while there is not the slightest evidence of any disease having been present in these organs, or of there being any direct communication between the right breast and the swelling in the axilla. The increased flow of milk from the axilla when the same took place from the breast is exactly what would be expected if the swelling in the former situation consisted of mammary substance, for the same general condition of the system would doubtless alike, and at the same time, excite and increase the function of the mammary gland substance, whether situated in the breast, the axilla, or any other part.

Amongst the curiosities of medical experience, not a few cases are on record where multiple mammæ have been met with,—three, four, and even five mammæ having occurred in the same female. In these instances, two of the breasts have usually presented almost or altogether the normal characters as regards position and size, while the supernumerary organs have been smaller, and placed in unusual positions. Where three mammæ are present, the most usual distribution appears to be that the extra and smaller one is placed between but below the level of the two others. But instances are recorded in which two breasts were placed (one above the other) on one side and one on the other side of the chest; while one case is mentioned by Hannæus in which the three mammæ were arranged in the same horizontal line. In cases where four mammæ* have existed, they have generally been arranged pretty symmetrically, two of them occupying the normal position, and two being situated more or less vertically above the others. In the single instance recorded of the occurrence of five breasts,† four were very prominent and arranged in two lines, while the fifth was not larger than the breast of a girl under puberty, and was placed below and between the inferior row, at a distance of five inches above the umbilicus.

Judging from the cases published, it is even more rare to meet with examples of portions of the mammary gland substance situated at a distance from the usual position of the breasts, than with multiple mammæ so far complete as to present more or less perfect nipples. Yet instances have occurred in which true mammary substance is stated to have been found in such parts as the axilla, thigh, and back. The example which, so far as I am aware, most closely resembles the one I have detailed is given by MM. Murat and Patissier,‡ to whom it was communicated by M. Champion, of Bar-le-Duc. The following are the chief particulars he describes:—

"Madame —— was confined on the 15th of February, 1818, of her fourth child, which she did not suckle. The fourth day afterwards, she complained of a painful sensation in the armpits, and of shooting pains similar to those she had experienced

* A well-observed case is recorded by Dr. Lee, "Med.-Chir. Trans.," xxi., p. 306.

† Dictionnaire des Sciences Médicales, tom. xxxiv., p. 529. Several other cases of multiple mammæ are given in this work, and it is from these and some others that I have deduced the facts just given as to the usual position of multiple mammæ.

‡ Dict. des Sciences Medicales, tom. xxx., p. 377.

in the breasts since they commenced to enlarge in consequence of the puerperal turgescence. On the fifth day, the inconvenience and the pain were increased so much as to attract my attention. I remarked in the right axilla, on the ribs, and behind the edge of the great pectoral muscle, at the part where it leaves the trunk to form the anterior border of the armpit, a tumour larger than a turkey's egg, slightly flattened and irregularly circumscribed, painful, without redness of the skin, which was covered with a fluid, thicker than is usually the perspiration of the axilla. ..... This circumstance gave me the idea of compressing the swelling, which I regarded as a lymphatic gland. There exuded by six little openings, unequally distributed over the middle of the gland, a milky fluid like that furnished by the breasts. I could have collected about a coffeespoonful by slight pressure. The openings were very small, but continually gave issue to the milk, as could be judged of by the condition of the clothes, which were always moistened with it. The discharge diminished progressively with the volume of the breasts. A similar gland was remarked in the left armpit, only it was both smaller and less painful, and I only counted five openings instead of six. On the 25th of March, 1818, the gland in the right axilla was not larger than a flattened nut."

In this case there seems to have been a somewhat similar condition of both axillæ, and the swelling in the right one was larger than in the case I have recorded; but in several points —the appearance of the swelling soon after the confinement, the irregularly circumscribed character of the tumour, the absence of redness of the skin, the minute character of the openings, &c.—the two examples bear a striking resemblance to each other. It is, moreover, to be observed, that in neither instance did the secretion of milk from the axilla occur in a primipara, but in the case of M. Champion after the birth of a fourth child, and in the instance I have given when the patient was for the seventh time a mother.

Brook-street, Grosvenor-square, Oct. 1860.

REPORT OF A
CASE OF IDIOPATHIC TETANUS.

BY JOSEPH ROGERS, M.D.

HAVING been sent for on the evening of the 2nd of this month to the Infirmary of the Strand Union to attend a case of hæmoptysis, my attention was drawn by the nurse to a patient admitted in the course of the afternoon, stated to be suffering from stiff neck and sore-throat. She informed me that shortly before, she was at his request raising him in bed, when he was suddenly seized with a fit of convulsions, and his arm being round her neck, it closed upon her with such force as almost to strangle her. On inspecting him, I found him stretched at length on his bed, bathed in sweat, with a pulse of 120; the fingers were still rigidly closed upon the hand. On inquiry, he informed me that he was about fifty years old; that he had been ill some days under the care of Mr. Jones, the out-door medical officer, and that, getting worse, he had been sent into the house. He complained of stiffness about the neck and jaws, and some pain at the epigastric region, the abdominal muscles being unusually hard and resisting; and on my requesting to see his tongue, he said he could not put it out, as he could not open his mouth. I was enabled, however, to see it by the fact of his having lost all his front teeth, and his jaws being kept slightly asunder by the molars of each side. It was large, and covered with a creamy mucus. He said he could swallow but imperfectly. He denied having any wound or other injury about his body, but referred his sufferings to exposure to wet, &c., in his occupation as a street sweeper in St. James's. His bowels had been opened that day, but he had had no sleep the previous night. The fits, as he called them, came on at intervals of two or three hours. The countenance was peculiar. He seemed to be neither laughing nor crying, but a mixture of both, and being nearly deprived of sight, owing to disease of his eyes, his appearance was unprepossessing. Diagnosis, probably tetanus of idiopathic type. His intellect was perfectly clear, but he was garrulous in the highest degree, his remarks being wholly directed to his sufferings and previous pursuits in life. Ordered, powdered opium, five grains; powdered camphor, twelve grains; mucilage, sufficient to make four pills, one to be taken every two hours; mustard plaster to be applied to the whole length of the spine for twenty minutes.

Oct. 3rd.—Nine A.M.: The patient appeared better; had slept from four to five hours. He had had two convulsive attacks since last night, which evidently, from the description of the nurse, were opisthotonos; jaws still firmly closed; pulse 120, small and weak. Ordered, large gruel enema, with oil of turpentine and olive oil; extract of purified cannabis indica, four grains; camphor, twelve grains; mucilage, sufficient to make four pills, one to be taken every fourth hour; beef-tea, a pint; wine, five ounces.

4th.—Nine A.M.: Same as yesterday; had slept but little; had had about six attacks, coming on generally after any attempt to raise him in bed. Enema brought with it no fæcal admixture; a small quantity of high-coloured urine had been passed; pulse 120. Pills to be repeated, and two drops of croton oil; enema to be repeated.

5th.—Half-past nine A.M.: I was requested by the attendant to go into the ward immediately, as he was in a fit. On my arrival, it had nearly passed away. He was lying at his full length in bed, bathed in sweat; pulse extremely weak and rapid; breathing hurried; countenance cadaverous; slight froth about his mouth. In about four hours after he died.

Owing to the necessity of obtaining the consent of friends previous to an autopsy, (*vide* Poor-law Regulations on this head,) the examination was delayed until the evening of the 8th, eighty hours after death. Cadaveric rigidity of his limbs still existed. On cutting down upon the spine, the veins were found extremely gorged with fluid blood. On exposing the membranes, the dura mater was evidently congested. On raising this, there was noticed opposite the fourth cervical vertebra, upon the pia mater, or within its meshes, a small quantity of bloody serosity, the pia mater being extremely injected the whole length of the cord as far as the cauda equina. The cord was removed, and on cutting across it, its vascularity was found much increased, especially in its cervical portion. The membranes of the brain were similarly injected, and the brain itself congested. On cutting it across, the puncta vasculosa were more than usually conspicuous. Its base was also congested, especially near the pons; a small quantity of fluid in the lateral ventricles. The medulla oblongata was pale by comparison with the other parts of the brain and cord. The cerebellum was also much congested. Abundant mucus, thick and tenacious, hung about the mouth and upper part of the larynx. The whole of the lower lobe of the left lung was extremely congested, felt hard and heavy, and was black in colour; portions of the right lung similarly congested. The heart was flabby; the right side contained imperfectly-coagulated blood. On the left side, at the angle of junction of two of the aortic valves, and extending backwards to the base of the same, was a calcareous deposit, about the size of a large pea; commencing atheroma of the artery beyond them. The kidneys were diseased, having undergone partial atrophy, but like the other organs were extremely congested. Nothing else unusual was discoverable.

Perhaps some of the readers of THE LANCET would be able to throw some light upon the causes in operation that led to this attack of tetanus. For my own part, I have no opinion to offer, save that possibly some relationship existed between the kidney disease and the spinal irritation upon which the tetanic spasm depended.

Dean-street, Soho, Oct. 1860.

ON A CASE OF

CHRONIC HEPATITIS, WITH CONSIDERABLE ENLARGEMENT, YIELDING TO THE USE OF THE SETON.

RE-APPEARANCE OF ACUTE HEPATITIS; FORMATION OF ABSCESS; EARLY PUNCTURE; RECOVERY.

BY M. C. FURNELL, Esq., M.R.C.S.,
ASSISTANT-SURGEON, MADRAS HORSE ARTILLERY.

THE following case of hepatitis presents one or two points of interest, especially as regards the treatment, which lead me to hope it may find a place in your columns. We have, firstly, the case of a man who, after an attack of (what I presume to have been) acute hepatitis, presents himself with an

enlarged liver—an abnormal state of things often in this country, I regret to say, permanent, but in this instance yielding to the use of the seton. Secondly, we have to notice the speedy recurrence of the disease after the man's discharge, though at the time he presented a very fair appearance, and was deemed fit for duty; but I question much if these cases ever perfectly recover in this country — whether the liver, once the subject of extensive disease, ever recovers its healthy tone, without a thorough change of climate, a boon which is beginning to be extended to our soldiers, and which it is sincerely to be hoped a judicious and liberal Government will see effectually and increasedly carried out. Thirdly, we have the recurrence of hepatitis in its acute form, running through all its stages; the formation of a large abscess, and its perfect recovery after early puncture. I have seen so many cases since my sojourn in India where the hand of the operator has been stayed by that bugbear, dread of want of adhesion between the liver and the parietes of the abdomen, while the patient has drifted on to that hopeless state of hectic, alarming enough in Europe, but hopelessly fatal in India, that I would particularly draw attention to the early date at which puncture in this case was performed as full of hope, and a useful lesson in future cases.

Oct. 24th, 1859.—John B—— is a volunteer from H.M.'s 43rd L.I., one of those men who were permitted to volunteer into the Indian Artillery, to supply the deficiency caused by men who elected their discharge on the bounty question. He is a weakly, light-haired, pale-faced, blue-eyed, scrofulous-looking man, and has only just been discharged from the hospital of his late regiment. There is considerable enlargement over the hepatic region, with some tenderness on firm pressure. The part bears evidence of active treatment in leech-bites and blister-scars. The tongue is white and furred; bowels irregular, mostly costive; pulse 84, wanting in tone. Ordered, diluted nitro-muriatic acid, ten minims; tincture of opium, five minims; infusion of quassia and peppermint-water, of each an ounce and a half: three times a day. To have a dose of castor oil early to-morrow morning.

Nov. 8th.—General health much improved; tongue clean and moist; appetite very fair, and bowels acting with regularity; the appearance of the side much the same. There is very little tenderness, but much enlargement, extending over the whole right side, bulging out the ribs, and encroaching over the epigastric and left sides. Dr. Macfarlane, Superintending Surgeon, Sangor Field Division, saw the case with me this morning, and suggested the use of a seton, which was accordingly inserted somewhat low down over the right iliac region. To continue the nitro-muriatic acid mixture. Half diet, and a measure of wine per diem.

14th.—Much improved; general health almost good. He is losing entirely the cachectic appearance he came in with, and the hepatic region its fulness. The epigastric and left sides present now no enlargement. Continue the nitro-muriatic acid, &c.

17th.—Improving steadily.

23rd.—Much improved. Seton to be removed.

25th.—Discharged, convalescent, for three days.

29th.—Sent to duty.

Dec. 10th.—This man was readmitted about the 3rd or 4th, with all the symptoms of acute hepatitis. I was absent on a few days' leave at the time. I find him on my return to-day (10th) with a hot skin; pulse 92, small volume; tongue furred; bowels open only once in the last twenty-four hours; the hepatic region much enlarged, especially in one part, about two inches below the ensiform cartilage, and a little to the right of the mesian line; the gums sore from mercury. He is now taking quinine and Dover's powder, two grains of each, three times a day, ordered by the medical officer who saw my cases during my absence. Ordered, a dose of castor oil immediately, and to have the effervescing saline draught, with ten minims of the tincture of hyoscyamus, every three hours, after the oil has acted. Twelve leeches to the swollen region. Spoon diet.

11th.—Had a bad night; troubled with a cough, accompanied with copious expectoration; bowels freely open from the oil; pyrexia continues. To repeat the leeches on the side, and continue the saline draught.

From the 11th to the 17th he continued much the same; the febrile symptoms had somewhat diminished, but there was always present considerable irritation of the system, and a palpable increase of the swelling on the right side ensued, in spite of constant leeching and strict antiphlogistic treatment.

17th.—Pulse 100, small volume; tongue white and furred; bowels open. The swelling has increased, one part standing prominently out as if a small orange were beneath the skin. Dr. Macfarlane was kind enough again to see the case, and not only agreed with me in the propriety of puncturing the abscess, but recommended it being done at once.

On the morning of the 18th, a small incision (about an inch in length) was made over the most prominent portion of the swelling, and the dissection carried down about half an inch, when a large-sized trocar was introduced. This required to be carried down some depth—at least two or three inches—before the abscess was reached, when about three ounces of thick laudable pus exuded. The man bore the operation well, and expressed himself relieved; pulse 96. He was seen again at noon, about four hours after the operation; pulse 100; more comfortable, and free from pain. A simple poultice to the part; anodyne at bedtime.

19th.—The lint introduced yesterday to keep open the puncture was removed, giving vent to about an ounce of thin, brown, unhealthy-looking pus; the part looks angry and inflamed, with a suspicious blush, and considerable tenderness; pulse 110; great thirst; a bad tongue; bowels confined. To have an ounce and a half of castor oil immediately; continue effervescing saline draught, with hyoscyamus; a soft bread poultice to the part, and spoon diet.

20th.—The aperient acted like a charm. He passed a good night; is cheerful, and looks better this morning; pulse 84, fair volume; bowels open freely from the oil. Continue saline draught; spoon diet.

23rd.—Progressing most favourably. To have the nitro-muriatic acid as before; a chop and bread pudding for dinner, and two measures of wine.

28th.—No more discharge; wound healed up, the patient looking well, and fast recovering colour and flesh. The hepatic region presents now scarcely any enlargement; there is some hardness, but no pain, even on firm pressure. The patient walks about, and takes convalescent exercise in a dhooly night and morning. He expresses himself as feeling better than he has for months past.

Sangor, 1860.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. GEORGE'S HOSPITAL.

UNSUSPECTED ABSCESS OF THE PROSTATE GLAND, IN A CASE OF GONORRHŒA, WITH FEBRILE SYMPTOMS; FATAL RESULT.

(Under the care of Dr. PITMAN.)

INFLAMMATION of the prostate gland, of an acute character, is known sometimes to be the result of acute gonorrhœa, and it will not unfrequently run into the suppurative stage, with possibly an absence of some of the symptoms which usually characterize its invasion, amongst which may be mentioned rigors especially. Their occurrence is always a safe guide to diagnosis; but their absence leaves us sometimes in the dark. We have the opportunity of giving a very rare and most instructive case of this kind, in which a large abscess of the prostate, situated between that gland and the rectum, was not detected during life; and the patient sank, no doubt from the severe constitutional symptoms to which it gave rise. The abscess was by no means an ordinary one, for the introduction of a catheter to relieve the bladder did not produce spontaneous evacuation after its withdrawal, as is often witnessed, and examples of which we lately brought under notice in our "Mirror." The retention of urine in the present instance was the result of the tumefaction caused by its presence, and instrumental assistance was rendered necessary to evacuate the contents of the bladder.

On referring to such standard works as those of Thompson, Adams, or Hodgson, on the "Enlarged Prostate," or Coulson on "Diseases of the Bladder," we can find no analogous case. The patient did not complain of anything that could have drawn attention to the seat of his disease, although an examination was made as far as seemed to be necessary under the circumstances. At the autopsy the abscess was found to communicate with the urethra, but evidently had not done so till very shortly before death; and the structure of the gland throughout the greater part of its extent was disorganized.

John E——, aged twenty-five, a baker, admitted April 25th, under the care of Dr. Pitman. He had had gonorrhœa for a fortnight, with pain across the loins. Four days before admission this increased in severity and extended down the legs, so that he had to discontinue work. He never had any shivering. On admission, he had much the aspect of a fever patient; the tongue was very dry, though of natural colour, excepting a white line all round the edge; the pulse was soft, 72. He did not complain of any pain, excepting a little in the legs, which was supposed to be rheumatic. There was a slight dry cough. He was unable to pass urine, except with the aid of a catheter. He was ordered to take the ammoniated saline with fifteen grains of chlorate of potass every six hours, and strong beef-tea was given.

May 1st.—The surgeon was now requested to examine him; wine was given (six ounces); and as nothing had been elicited by the examination, the former treatment was continued. He was delirious at night, and in a state of great prostration, with involuntary evacuations. The skin was very hot, and still free from eruption or change of hue; the tongue dry and cracked; the pulse jerking and full, but utterly powerless, and with an aneurismal thrill under the finger.

3rd.—His only complaint was of thirst. He gradually sank; ceased to swallow in the evening, and died towards morning.

Post-mortem examination.—The body was in good condition. There was profuse purulent discharge from the urethra, which had collected about the glans penis. The lungs were healthy. The heart was large; there was a large fibrinous vegetation on one of the flaps of the aortic valve, and the aorta was slightly atheromatous. Liver and spleen healthy, the latter rather soft. Right kidney healthy; in the left, the pelvis and ureter were rather more vascular than usual. Peritoneum healthy. The mucous membrane of the urethra was examined from its commencement to its termination: it seemed slightly injected in parts, but this appearance was so doubtful that little reliance is to be placed upon it. The muscular fibres of the bladder seemed rather thicker than natural, but its mucous membrane showed no obvious trace of inflammation. Between the bladder and rectum was a large abscess, which at the time of the examination communicated with the floor of the prostatic urethra by two ragged orifices. The tissue of the prostate gland was extensively destroyed and eroded by the abscess, and on squeezing the abscess, pus could be made to exude by the prostatic ducts; but in parts near the abscess the tissue of the prostate seemed healthy. The cellular tissue in the neighbourhood of the abscess was condensed; in other parts of the pelvis it was healthy.

MIDDLESEX HOSPITAL.

VERY LARGE FIBRO-CELLULAR TUMOUR OF THE SCALP OF THIRTY YEARS' GROWTH IN A FEMALE; SUCCESSFUL REMOVAL.

(Under the care of Mr. FLOWER.)

IN hot climates and eastern countries like India and China, large fibro-cellular tumours of the scalp are frequently to be observed on the heads of the natives, and assuming more or less grotesque shapes according to the seat and manner of their growth. In some of our museums—that of Guy's Hospital especially—are paintings in oil of such cases. Curiously enough, in the countries named the head and the genital organs of both sexes are the parts particularly liable to the invasion of such tumours, which at times attain from a few pounds to a hundred in weight. As large tumours of the scalp are somewhat uncommon in our temperate climate, the following case will prove of some interest. Although the weight of the tumour was within four pounds, yet its size seemed to be on a par with that of the head, and the patient looked as if she had had another head engrafted upon her own. Its removal was a formidable operation, as it was found to spring from the pericranium, and was at one time associated with very alarming hæmorrhage. A most excellent recovery has, however, ensued. The nature of the growth was that of hypertrophy of the intervening areolar structures between the scalp and pericranium, and involving both in the course of the disease.

In the museum of the College of Surgeons is the cast of a large tumour which was removed with success by Sir Everard Home. It exceeded the size of the head, and extended from the right parietal bone down to the shoulder of the same side. It was composed of fat mixed with steatoma, and sprang direct from the bone. The patient, a female, lived many years afterwards as a nurse at St. George's Hospital.*

Margaret P——, aged thirty-six, admitted into Regent ward August 20th, 1860. She is a strong, healthy woman, of very florid complexion, and dark hair, and is a native of South Wales. Has been married eleven years, and has two children, the younger of whom is six years old. Catamenia regular. She first observed a small tumour on the head when she was about seven years old. It has been gradually growing larger since that time. During the last three years it has increased more rapidly. It has never been the seat of actual pain, but gives constant annoyance by its weight, causing a dragging sensation upon the other parts of the scalp, and by the irritation of ulcerated portions of the surface.

The present condition is as follows:—A large tumour situated on the right side of the head; its base, which is eighteen inches and a half in circumference, covering the right parietal bone, the squamous portion of the temporal, and part of the occipital, and

extending upwards about an inch across the middle line. It hangs down considerably over this area below, and measures at its greatest circumference twenty-five inches. It is freely movable; the overhanging part can be lifted up, and the whole mass moved about upon the cranium. It has throughout a very soft, semi-elastic feel, almost giving the impression of fluctuation. The surface is covered with the skin of the scalp, to which the substance of the tumour appears firmly adherent. The skin over the greater part of the surface is quite normal and healthy in appearance, and growing hair; but over the lower pendulous portion it is smooth, shining, and without hair, like the tissue of a cicatrix. Roundish and oval patches, having a similar character, are scattered over the remainder of the surface, but become scarcer at the upper part. At the lowest and most prominent portions there are several large superficial ulcerated patches, from which there is a slight discharge of blood and pus. No large vessels can be distinguished in the tumour; the temporal and occipital arteries, both slightly enlarged as compared with those on the opposite side of the head, appear to feed it; the temporal veins are much dilated and tortuous.

As the patient had come up from Wales for the purpose of having the tumour removed, the operation was performed by Mr. Flower on the 28th of August. The skin covering the upper part of the tumour being of a healthy character, it was considered desirable to attempt to take a flap from it, so as to cover the surface of the cranium about to be exposed. A semi-circular incision was therefore made across it, and a flap dissected upwards. As, however, the skin and the substance of the tumour were found to be directly continuous, it was necessary to leave a portion of the latter in connexion with the under surface of the flap. During this stage of the operation, the hæmorrhage became alarming, but it was controlled by

* Fergusson's Practical Surgery, 4th ed., p. 532.

tying a piece of bandage firmly round the base of the growth. The next step was to separate the mass of the tumour from the pericranium, and here it was found so adherent that some portions had to be left behind, and then by a sweep of the knife round the skin of the lower two-thirds of the base the operation was completed. About a dozen vessels were secured, chiefly in two groups, at the lower part in front, and behind (branches of the temporal and occipital), and the flap was laid down and retained in position by four wire sutures.

After removal and the escape of much blood and serous fluid, the tumour weighed 3lbs. 1¼oz. Its structure was homogeneous throughout, of a pale orange-pink colour, shining, and almost gelatinous in appearance, but tough and extremely vascular. It was dotted over with numerous minute orifices of vessels, from which drops of blood exuded on fresh section; and there were larger arteries and veins. These, being closely attached to the substance of the tumour by their outer wall, stood open; several of the latter were of the calibre of a full sized goose-quill. The tissue composing the growth blended insensibly with the skin which covered it; indeed, the hair follicles were seen, on section, to arise quite out of the former. The structure was evidently that commonly described as fibro-cellular, and a microscopical examination showed it to be entirely composed of waving bundles of very indistinct, delicate fibres, apparently in an imperfect state of development.

Although a considerable quantity of blood was lost during the operation, the patient very quickly recovered from the effects of it, and has not had a single bad symptom since. The wound was at first kept covered with lint dipped in arnica lotion; then, when a portion of the edge of the flap was sloughing, with a lotion of Condy's disinfecting fluid; and after suppuration had set in, with water-dressing. Owing to the retraction and sloughing of the edge of the flap, there was a large crescentic piece of exposed surface, which speedily became covered with healthy-looking granulations, and is now in the process of cicatrization.

Oct. 3rd (five weeks after the operation).—There is no sign of the reappearance of the morbid growth; that part of it which at the operation was left attached to the skin and pericranium is disappearing, partly by suppuration, and partly by a gradual shrinking, probably owing to its diminished vascular supply.

16th.—She left the hospital to-day to return home. The wound has almost entirely healed up, and she expresses herself as feeling most comfortable, and altogether a different woman, since the removal of the tumour.

GUY'S HOSPITAL.

POLYPUS OF THE RECTUM IN A CHILD, SUCCESSFULLY REMOVED.

(Under the care of Mr. THOS. BRYANT.)

POLYPUS of the rectum, although recognised by surgeons as a distinct disease, has not received from them the attention which it deserves; and children labouring under this affection are too often, from the want of a due appreciation of the subject, allowed to go on for many months losing blood from the anus, and tortured with the irritation of a prolapsed bowel. A good illustration of this fact, as well as of the disease, has just been brought to our notice under the care of Mr. Thomas Bryant, who, it may be remembered, brought the subject before the profession by an interesting paper published in these pages in November of last year.

The case was that of a boy two years and a half old, who for upwards of nine months had been daily losing blood from the bowel; at times this hæmorrhage taking place during defecation, but occasionally at other periods. The mother had observed the whole bowel to be now and then prolapsed, and intense straining and pain to accompany each motion. When the bowel had been returned, a nut-like growth would often remain, which was with difficulty reduced. The child had been taken to many surgeons, who had treated it with medicines, but none had ever made a local examination. The character of the disease was readily recognised upon a digital examination, a polypus of the size of a large nut being detected, fixed by a thick pedicle to the bowel about an inch and a half within the sphincter. Mr. Bryant with his finger hooked the growth down, and was about to put a ligature on the pedicle, when a sudden action of the sphincter and levator ani muscles took place, breaking off the growth, and thus removing the disease. All symptoms immediately ceased, and a good recovery took place.

Polypus of the rectum may, however, be found in the adult, although it is not so common as in children, according to Mr. Bryant's experience. The following is a good example lately under the care of that gentleman:—

A man, aged sixty six, for six weeks had observed that during defecation something protruded from his anus, which was with difficulty reduced, bleeding generally accompanying its descent. For twenty-four hours previous to his application to Mr. Bryant this growth had remained prolapsed, and as he had been unable to return it, he sought advice. Upon examination, a firm fibrous polypus, of the size of an almond, was detected growing from within the sphincter. A ligature was applied to its pedicle, and on the second day the growth fell off, recovery taking place.

We would remark, that the occurrence of polypus of the rectum in the adult is very rare, as pointed out by Mr. Curling in his work on "Diseases of the Rectum." He states that it generally occurs in early life, and that in children it usually makes its appearance external to the anus after a stool, the growth resembling a small strawberry, being of a soft texture, granular on its surface, and of a red colour. It has a narrow pedicle of variable length; it produces no suffering, but requires to be replaced with the fingers when protruded, and causes a very slight bloody discharge, which excites some alarm. The description of the complaint given by the mother or nurse is liable to mislead the practitioner into the belief that it is simply prolapsus. The nature of the disease can be determined only by an examination of the tumour on protrusion, when the treatment will be obvious enough.

CLINICAL RECORDS.

AN ANOMALOUS CYSTIC TUMOUR.

IT is seldom indeed that a tumour of doubtful nature cannot, after removal from the body, have its true character discovered by a general examination. A case, however, in which this could not be done is at the present time in St. George's Hospital. The patient is a healthy young woman, who has noticed for the last eighteen months a small growth at the inner side of the right thigh just above the knee-joint. Its examination has at all times caused the most intense pain, and so much was this the case that it was believed to be neuromatous, or at any rate a growth developed upon, or in some way implicating, one of the small nerves. Its removal was accomplished under chloroform, by Mr. Cutler, on the 16th instant, after careful dissection. It was found to be a cyst, about the size of a large marble, situated beneath the tendon of the vastus internus muscle. The cyst was unavoidably opened, but its interior contained another thin-walled cyst, of a brown colour, which was readily extracted, and placed in a cup of water for examination. It was like a mass of gelatine at the bottom of the vessel, and to some extent resembled hydatids, but it was believed to be otherwise. After the microscope has revealed its true nature we shall again refer to it.

On this occasion Mr. Hewett remarked that a short time back he removed a small tumour from beneath one of the tendons in the vicinity of the elbow-joint of a lady, which in every respect had the same physical characters as that removed by Mr. Cutler; but although it was preserved in the museum of the hospital, he was not prepared to say what the true character of it might be.

For the present, therefore, all that can be observed is, that both are varieties of cystic tumours.

AMPUTATION OF USELESS LIMBS.

ON the 12th of September we were present at Guy's Hospital when two useless lower limbs were removed by amputation, with the probability of ultimately permitting the patients to go about on artificial appliances. They had been cripples for years, and had undergone much inconvenience and suffering. The first of these was a female, twenty-two years of age, whose general health was extremely delicate, and whose expression indicated fatigue and anxiety. She had been admitted for deformity of the left leg, which had now become so inconvenient and troublesome that she was most anxious to get rid of it. When a child, she had an anchylosed hip-joint; the knee also became diseased, and ended in osseous anchy-

losis. The whole of the cartilages were destroyed, the leg being bent at an angle backwards. No part of the leg had grown, it was considerably shorter than its fellow, and she could not put the foot to the ground. The muscles also were very much atrophied, giving an extremely emaciated appearance to the limb. Added to all these was ulceration of the foot, which had resisted all attempts at healing. The only means, therefore, that could be adopted, was removal of the limb about the centre of the thigh, so as to permit the wearing of a wooden leg. This measure was carried out, by means of lateral flaps, by Mr. Cock, the patient having been narcotized by chloroform. Very little blood was lost; but on cutting through the structures, only slight traces of muscular substance were observed, from the arrest of development consequent on disuse and disease. It is expected that she will be able to walk about with some comfort, when her health is sufficiently restored, and the stump healed so as to permit the wearing of the artificial leg.

The other patient, a young man, aged twenty-three years, had had a paralytic and deformed leg since he was nine months old; it hung quite useless, and dangled about like a flail. He always walked with a crutch; and the limb generally, as in the other patient, was wasted and shrivelled from disuse and arrest of development. The foot and ankle also were deformed into one of the varieties of talipes. Mr. Bryant performed amputation below the knee-joint by means of lateral skin flaps, but cutting through the muscles in a circular manner; and very little blood was lost, as in the preceding instance. The knee will form a pad to rest upon an artificial leg.

A POISONED HAND.

THE effects of the absorption of some poisonous agent upon the subcutaneous and deep areolar structures of the hand were witnessed recently in an elderly woman, aged fifty-nine, at Guy's Hospital, who underwent amputation of the forearm by Mr. Cock on the 11th of September. The patient was by occupation a monthly nurse. About two months ago she was washing some soiled linen, and, as she states, poisoned her right hand; for after her work was done the member began to swell, and became generally inflamed. This continued for several days, with severe pain, and proceeded to ulceration of the cartilages of the carpus. With this state of things was associated œdema of the entire hand, wrist, and fingers, simulating to a certain extent elephantiasis. Such a hand as this was entirely useless, and it was thought best to remove it some inches above the wrist, which was done under chloroform. An examination made afterwards showed all the structures to be thoroughly disorganized. The patient is going on favourably, and will have a good stump.

As commonly observed, poisoned wounds are the result of stings of insects or the bites of serpents or rabid animals, and dissection wounds come under the same category. It is possible that the poison in the case just narrated may have been similar in its nature to the specific virus from a dead body.

AIR IN THE PERICARDIUM.

THE fact is known to pathologists, that in certain rare instances air is found in the pericardium, and it is stated by some writers that it is commonly conjoined with sero-purulent effusion. In the case of vaccination, followed by death, at St. George's Hospital, under Mr. Cæsar Hawkins' care, recorded in our "Mirror" of Sept. 15th, at the post-mortem examination there was discovered a large quantity of air in the pericardium, but no effusion of fluid. This circumstance invests the case with some amount of interest, for it shows that the secretion of the air occurred independently of the decomposition of any liquid body, which is considered ordinarily to be the cause of its presence. Sometimes, in rare examples, the presence of air has been detected in the pericardium during life, by an unusually clear resonance at the lower part of the sternum, or by a sound of fluctuation produced by the beats of the heart, or again by deep inspirations. This strongly confirms the idea, that the generation of the gas, whatever it may be, is by no means the result of post-mortem changes. It is not at all improbable, that when the pericardium has been found almost dry, this result is owing to the influence of the secreted air upon the membrane, aided very likely by a deficiency in the natural secretion of serum, which permits of the lubrication of the part in health.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 22ND, 1860.

MR. PETER MARSHALL, VICE-PRESIDENT.

MR. CANTON exhibited a drawing of

A FLESHY CAUDAL PROLONGATION IN AN INFANT.

The case came under his notice in the Charing-cross Hospital. The abnormal growth consisted of a continuation of the skin of the posterior edge of the anus forwards, exactly in the median line, passing over the opening of the bowel, but leaving a portion of the aperture free on either side of it, through which the fæces continually passed. Reduced now to a round fleshy ridge, the growth extended forwards, and terminated at the back of the scrotum, being attached in its way closely to the raphé of the perinæum. The form of the whole excrescence—which consisted of skin, enclosing fatty and fibrous tissue—was conical, having its base in a line with the tip of the coccyx, and an apex continued into the raphé of the scrotum. The growth was dissected away by Mr. Canton.

Dr. STOCKER briefly related some particulars of the case of a lady, aged thirty-five years of age, who had contracted the habit of taking opium secretly, having swallowed as much as an ounce of the extract every month.

Dr. CAMPS knew an instance in which a person took twenty ounces of laudanum every eight days for many years.

IS MERCURY AN HEPATIC SPECIFIC?

Dr. THUDICHUM said,—Since I touched upon this question in my paper, (see THE LANCET, Oct. 20th, p. 388,) a communication has been published by Dr. Inman, of Liverpool, which so clearly exposes the fallacy of the current notions about the relationship between mercurials and the liver, that I am induced specially to draw attention to it. Dr. Inman has spoken my ideas of the subject, but on some points I am enabled to correct or amplify his information.

1st. That mercury does not make its appearance in the bile, when given in the form of calomel has been proved by Mosler, (Virchow's Archiv., vol. xiii., p. 29.) Doses of from twenty-two to fifty-two grains produced no appearance of mercury in the bile, neither was the quantity of bile secreted thereby augmented. If I recollect right, an author in India, writing in THE LANCET, attempted to controvert the facts of Mosler, and stated that he had found mercury in the bile. Even if that should be so in some cases, there remains the fact, nevertheless, that the quantity of bile is not increased by that agent.

2nd. H. Nasse, Kölliker, and H. Müller found that the addition of calomel to food, which under ordinary circumstances produced a certain and normal quantity of bile in dogs, diminished the quantity of bile.

3rd. Taking into consideration three experiments of Kölliker and four of Scott's, related in Beale's "Archives," Dr. Inman comes to the conclusion, that the chances are six to one that calomel will diminish the hepatic secretion. The facts I have stated make the proportions worse. In nine cases out of ten, calomel, whether it purges or not, will diminish the quantity of bile secreted. Where it acts as a purgative, the diminution is most conspicuous.

4th. In my reply to the observations of Drs. Leared and Routh, I allowed that mercurials, particularly calomel, by their purging action, might relieve some disorders of the liver or other organs, or of the general system. This effect could be purchased at less cost by other purgatives, because the specific action of mercury was always hurtful, excepting, of course, in cases of syphilis. The mere fact, therefore, of cases of liver disease having been improved by the action of mercurials, is no proof of their specific advantage.

5th. The stools which are passed after the use of purging mercurials, particularly calomel, are supposed to contain more bile than usual. This assumption rests upon the observation that these stools are mostly green—a fact which appears to me to be at the bottom of the entire tissue of errors.

The green colour of calomel stools is due to sub-sulphide of mercury, just as the black colour of stools following the use of preparations of iron is due to sub-sulphide of iron. The sub-sulphide of mercury can be easily obtained from those stools by levigation, or chemical proceedings. So much is proved. On the contrary, it is not proved that calomel stools contain any increased quantity of either bile or biliary colouring matter

(cholochrome.) From the experiments quoted above, the reverse of this unproved hypothesis will probably be found to be true—namely, that the green calomel stools contain a smaller amount of biliary colouring matter than an equal amount of solid matter from healthy fæces.

Note.—When the fæces passed after a dose of calomel or blue pill become green, they also begin to scald the anus. This sensation has been ascribed to the bile, which was then believed to be passing. It is only reasonable to ascribe this scalding, not to bile, which is not present, but to the sub-sulphide of mercury, which has been proved to be present.

6th. Dr. Inman adopts the estimate of the quantity of bile discharged by a man of 160 lbs. weight, in twenty-four hours, as sixty-six ounces. The most accurate calculations from experiments upon animals permit me to assume that an adult person secretes between 195 and 675 grains of solid matter through the biliary channels. The amount of solid matter contained in human bile varies between eight and sixteen per cent. It therefore follows that the amount of average bile secreted by an adult in twenty-four hours fluctuates between 1200 and 9000 grains; or 2 oz. 240 grs., and 18 oz. 360 grs.—a vast difference from 66 oz. But substituting these figures for those given by Dr. Inman, and assuming the fæces to weigh half a pound instead of a pound, (the dry residue of a healthy man's fæces does not usually exceed two ounces,) Dr. Inman's subsequent conclusions become still more correct.

7th. Dr. Inman assumes that the clayey, white stools of persons suffering from jaundice, might contain the ingredients of bile minus only the colouring matter. This has not been proved to obtain. As, on the other hand, it has been proved that the healthy fæces contain no biliary matter except a derivate of cholochrome, Dr. Inman's assumption becomes very improbable, and the reverse opinion gains ground, that the clayey, white stools of the jaundiced contain neither bile, acids, nor cholochrome. I am far from admitting, as a reliable fact, that the liver may secrete colourless bile. I also cannot admit that in jaundice the colourless part of the bile could go into the intestines, while the coloured part passes into the blood. With regard to these points, I differ entirely from Dr. Inman, not because I think that such might not occur, but simply because no such occurrence has been proved.

8th. I take this opportunity to point out that the question of the discharge of any modified biliary matter besides cholochrome in the fæces requires further study. The ordinary biliary salts are certainly not present; the fæces contain little soda. But some modified cholic acid might still be contained, and escape observation, as it had hitherto done in gall-stones. According to Berzelius, five ounces of fresh excrements contained twenty-one grains of a matter similar to bile. Considering that 675 grains is the maximum, and 195 grains the minimum of solid bile, any modified cholic acid in the fæces could not be less than three, nor more than ten per cent. of the bile secreted in twenty-four hours.

Mr. BRYANT exhibited a

PEDUNCULATED TUMOUR,

which he had removed by simply twisting it upon its axis, and fixing it in that position by strapping. At the end of seven days the tumour sloughed away, and the cure was complete. In this case, the tumour was larger than any of the seven or eight he had previously removed by this proceeding, being six or seven inches in circumference. It was of a fibro-cellular structure.

Mr. MARSHALL related a case in which Mr. Liston removed a pedunculated tumour of the foot by the same plan.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCT. 16TH, 1860.

MR. FERGUSSON, PRESIDENT.

THE business of the evening was opened by Mr. FERGUSSON, by some introductory remarks. He alluded to the progress of the Society during the past year; to the excellent volume of Transactions which appeared for the first time to-day; and to the subject of the proposed amalgamation of the principal medical societies of London.

The minutes of the last meeting were read and confirmed.

LUNG FROM A MILLSTONE-MAKER.

Dr. PEACOCK exhibited the lung, and some very fine microscopical preparations and drawings illustrating the morbid condition resulting to the lung from the occupation in question. A large quantity of silicious material was found in the substance of the lung itself. The fact had been denied that such matter could reach the lung; but here was a positive illustration of its occurrence.

Dr. PEACOCK also exhibited a

DISEASED HEART.

The symptoms of the case were detailed at some length, and compared with the morbid specimen. This, as well as the previous subject, was illustrated by some very beautiful drawings by Mr. Tuffen West.

An interesting conversation took place, in which Dr. Williams, the President, Dr. Leared, and Dr. R. Bennett took part, in reference to the specimen of the millstone maker's lung.

Dr. MURCHISON presented a specimen of

PRIMARY CANCER OF THE PERITONEUM.

No other organ was similarly diseased. This specimen was interesting in relation to the subject of gastro-colic fistula and to Dr. Murchison's previous researches thereon. There was a cancerous tumour in the omentum, connecting the stomach to the transverse colon.

KIDNEY, WITH LARGE CYST ATTACHED.

Dr. MURCHISON exhibited a remarkable specimen of this disease—a cyst attached to the outside of the kidney by a very narrow pedicle. The cyst was as large as the kidney itself. The contents of the cyst were not of a urinary nature.

Mr. SEDGWICK exhibited a coloured drawing of

A CASE OF TRUE KELOID.

The patient was a girl, aged four years and a half, of a strumous diathesis; and the first patch of the disease had appeared on the back about two years ago. Since then thirteen other patches had been developed at short intervals, of which the first seven were limited to the back; one occurred on the right lower eyelid; one on the skin of the right ear, near the external meatus; one occupied nearly the whole of the right margin of the tongue; and the others were on the front of the body and the neck. The patient had had the tendons of the left foot divided in six places for talipes equinus, but the cicatrices were quite free from any appearance of the keloid, nor was it associated with burns, scalds, or local injury. A treatment by cod-liver oil, quinine, and liberal diet, had for the present apparently checked the progress of the disease.

Mr. SEDGWICK also exhibited a coloured drawing of

A CASE OF ICHTHYOSIS,

in a boy aged fourteen years. The disease had been hereditary in the family for three generations, and was limited to the males by transmission through the females, who themselves remained free from it. It had first shown itself in the grandfather, and after skipping the second generation, consisting of three sons and three daughters, had reappeared in four of the grandsons by the female line of descent.

Mr. T. HOLMES showed a specimen of

FRACTURE OF THE LOWER JAW,

in which the injury was associated with sero-sanguineous discharge from the ear of the same side.

Mr. Wells, Mr. Toynbee, and others took part in a discussion on these sero-sanguineous discharges.

Mr. TOYNBEE exhibited a specimen of

MOLLUSCOUS TUMOUR OF THE EAR,

which was interesting on account of its connexion with disease of the brain—an abscess in the cerebellum.

Mr. ADAMS showed a specimen of

TUMOUR OF THE LOWER JAW,

which he had removed from a middle-aged man. A report will be furnished on this specimen.

Mr. DURHAM exhibited a specimen of

HORNS FROM THE HUMAN SUBJECT.

One of them was removed last week by Mr. Cock, and was the product of twenty-five years' growth. Mr. Durham also produced several interesting specimens of similar growths from the museum of Guy's Hospital, and illustrated the subject at some length.

Mr. S. WELLS showed a specimen of

OVARIAN CYST,

which he had removed that morning from a lady, aged fifty-three. It was multilocular, consisting of one very large cyst (which had contained between forty and fifty pints of fluid), and of a number of groups of smaller cysts, growing in and from the walls of the principal cyst, and weighing about eight pounds. The existence of these smaller cysts had led him not to inject iodine when he tapped the patient the first time, six months ago. They had grown rapidly since the tapping, although the large cyst had filled slowly. The parietal adhesions were very firm; but the whole of the tumour had been withdrawn through an incision hardly four inches long. The patient was going on well. In reply to a question from the President, Mr. Wells stated that the peduncle was long, and easily fixed outside the wound in the abdominal parietes. The clamp was used to secure the peduncle until the cyst was removed and the wound closed; but it was taken away as soon as a ligature had been applied. The clamp was only of temporary utility. If left on it was uncomfortable to the patient, and caused unnecessary dragging upon the peduncle and uterus.

Reviews and Notices of Books.

The Pathology and Treatment of Pulmonary Consumption, and the Local Medication of Pharyngeal, Bronchial, and Nasal Diseases mistaken for, and associated with, Phthisis. By JOHN HUGHES BENNETT, M.D., Professor of the Institutes of Medicine in the University of Edinburgh. Second Edition, 8vo, pp. 221. Edinburgh: A. and C. Black. London: Longman and Co.

WE are glad to have to welcome a second edition of this valuable contribution to pathology and therapeutics, the first edition of which was published in 1853. No man living has contributed more than, or indeed so much as, Professor Bennett to establish the treatment of pulmonary phthisis on a sound and rational basis. Ever since the year 1841, when in a special treatise he introduced cod-liver oil to the profession in this country as a remedial agent of very great value in the treatment of this fearful malady, his efforts to show that phthisis should be treated as a constitutional and not as a local disease have been unceasing. It is, indeed, in a great measure to these efforts, constantly persevered in during nearly twenty years, in the lecture-room, in the hospital, in the medical journals, and in special works, that the great change which is rapidly taking place in the medical mind on this subject is to be attributed.

The present work is principally devoted to the consideration of phthisis under two aspects: first, its curability; and, secondly, the means by which the arrest or cure of the disease is really to be obtained. Other features of the disorder are treated of, but in a more cursory manner, such as the histology and nature of tubercle; the progress of tubercular exudation; the causes of consumption; the diagnosis of the disease; the indications for the treatment when accompanied by complications; and the local treatment of pharyngeal, laryngeal, bronchial, and nasal diseases connected with phthisis.

The arrest and actual curability of phthisis, not as an exceptional, but as an ordinary result of judicious treatment, or even of the unassisted efforts of nature, Professor Bennett satisfactorily establishes from his own researches in the dead-room and in hospital and private practice. This most desirable result he points out is to be obtained: firstly, by improving the faulty nutrition, the cause of the exudation assuming the tubercular character; secondly, by favouring absorption of the exudations already poured out, and subduing symptomatic fever; thirdly, by preventing the recurrence of fresh exudations by careful attention to hygienic regulations.

The first indication is fulfilled by adding to as generous a diet as the patient's digestive organs will bear an additional amount of fatty substances. The physiological rationale of such an addition Professor Bennett fully explains, pointing out that his subsequent experience and that of the entire profession, at home and abroad, confirms the facts announced in his treatise on Cod-liver Oil, published as long ago as 1841—viz., that that substance offers fatty matter in the form in which it appears to be the most generally assimilable, and to be the most efficacious in the treatment of the disease in question.

The second indication is not fulfilled, as formerly supposed, by local bloodletting and blistering, tartar emetic and other antimonials, opiate cough mixtures, by confinement in a warm atmosphere, and by a general lowering system, but by a totally opposite kind of treatment. The best means to arrest tubercular exudation, and to effect its rapid disappearance, is to secure improved nutrition; and this is to be done by discarding antimonials, mercurials, and bloodletting, which lower the system, and the opiates, which, while they lull pain, destroy the appetite, and by trusting principally to a good diet, with cod-liver oil, to frequently renewed cool air, to cold sponging, to gentle exercise, and to general hygienic treatment.

The third indication is met by carrying out with a consumptive patient all the rules which hygiene points out as valuable to those who are delicate but free from disease. The absence of anxiety, early hours, a temperate climate, exercise out of doors, plenty of fresh air (to secure which, windows should be open during the night, with care and proper management), cold sponging, &c. &c.

We have said enough to show the value of Prof. Bennett's work as a practical guide to the profession in the treatment of this disease, which, as he says, need no longer be called the "opprobrium medicinæ." Thousands who perished miserably under the lowering (with closed room and teakettle) system of former days, would have lived and got well had they been treated on the rational plan above described. In no respect, indeed, does the medical profession deserve more at present the gratitude of the public than in regard to the improved treatment of phthisis. We would also draw special attention to the last chapter of the Professor's work, on the Local Treatment of Laryngeal, Pharyngeal, and Nasal Complications of Phthisis. It contains new and valuable information on this subject, with regard both to pathology and treatment.

In conclusion, we can conscientiously recommend Professor Bennett's work as a sound, scientific, and practical exposition of the present state of science with reference to the pathology and treatment of pulmonary phthisis, worthy of the high position he occupies as a pathologist and a physician. It is, moreover, written by one who has for many years led the progress of science in this direction.

On the Application of Vulcanized India-rubber for Making Artificial Palates, and for Supplying the Deficiencies in Jaws caused by Surgical Operations for the Removal of Disease. By GEORGE PARKINSON, M.R.C.S., Member of the Odontological Society, formerly House-Surgeon to King's College Hospital, &c. London: Churchill.

THE author of the above pamphlet, having devoted his energies to the dental branch of the profession, has specially directed his attention to the application of "Vulcanite" to cases of absence of the palate, either from congenital defect or surgical interference. The results as detailed in the appended cases are most satisfactory, the material used being more readily adapted and worn than the gold or ivory obturators hitherto invented for the purpose. We recommend a perusal of this treatise by those surgeons who are in the habit of performing operations upon the jaws.

GRATUITOUS SERVICES TO HOSPITALS.—The Medical Literary Society have recently discussed the question of gratuitous services to hospitals, and have passed a resolution approving the principle of payment to medical officers in public institutions.

THE LANCET.

LONDON: SATURDAY, OCTOBER 27, 1860.

SIR BENJAMIN BRODIE, feeling his inability, from his recent impairment of sight, to perform all the duties of President of the Royal Society, forwarded his resignation of that office to the Council of that body. At a special meeting, held last week, the Council unanimously resolved to request Sir BENJAMIN to allow himself to be again nominated as President, with an understanding that he should not be called upon to perform the duties of the office for the present. This arrangement, we understand, meets with the hearty approval of the Fellows, who, without doubt, sincerely hope that the further treatment which he is about to undergo will prove so successful that he may still be enabled to continue those duties he has so well discharged for the last two years. Under these circumstances, Sir BENJAMIN BRODIE has consented to be nominated as President. We are rejoiced to state that there has been marked improvement in the sight of the left eye of the distinguished President since the operation for glaucoma was performed. The improvement is progressive. The development of cataract in the right eye has rendered an operation for this defect desirable. It is confidently anticipated that this proceeding will be attended by a successful issue.

THE folks who left London a month or two ago, fagged and careworn with the pressure of duty and pursuit of business, or pale and jaded from pursuit of the "toiling pleasure" that "sickens into pain," are now trooping back to town, tanned and hearty after their autumn holiday. With them come also others, now equally blithe and ruddy, who left their homes as feeble invalids, having just strength enough to crawl from bed to sofa—convalescent, in fact, and ordered to the sea-side—a change which absolutely saves the lives of very many of those who can afford it, by bracing them up to meet our English winters, and so enabling them to work back into health.

From these good people, thus reinvigorated, consideration is specially owing to the desperate case of those poor folks who daily leave our hospitals after severe illness, worn and wasted by the long fight with disease, and but ill-fitted for hard work; yet who must be so sent away, as the beds have to be cleared for another bout with disease on behalf of other sufferers. Instead of the sea-side and the grateful change into country air, they have to herd away in small rooms in close streets, "where houses thick and sewers pollute the air." Instead of good nourishment, they have to rely on such scanty sustenance as their trembling hands can earn; and so they drag on for months before attaining, if they ever acquire, that renewed health which the well-to-do convalescent obtains by a few weeks of care and change. And not only do the poor recover slowly from illness by reason of their poverty, but they also frequently relapse into disease because necessity compels them to work before their strength is equal to the task, when they and their families must, perforce, become dependent on the parish for support.

Several small institutions for the reception of poor people during convalescence have been of late years established and maintained in suitable parts of the coast of England. Private munificence (sometimes the unaided purse of a single charitable benefactor) keeps these going; and they have, hitherto, done good service, both in curing the poor enfeebled inmates, and by demonstrating how much such institutions are needed and appreciated. It is the history of all the great merciful movements of late years, and puts to shame that lumbering obstructiveness (so often confounded with real philanthropy) which throws cold water on every plan of doing a little good at a time, whilst loudly lamenting over the aggregate afflictions of humanity and the wholesale wickedness of the world generally. Individual energy started the ragged schools and reformatories, as, long ago, it led to the foundation of hospitals and almshouses. And now that the great need for Convalescent Hospitals has been demonstrated by private enterprise, we trust that the several plans afloat for maintaining similar institutions on a larger scale will obtain the public support they merit. One of these has special reference to the London poor. It is named, "The Sea-side Convalescent Hospital;"* the intention being to provide a permanent institution somewhere under shelter of

> "those white rocks
> Which all along the southern sea-coast lay,"

and within easy reach of the convalescent poor of London and its neighbourhood. Already a small but well-arranged hospital, with room for thirty patients, is in full work at Seaford, near Newhaven; and, with increasing funds, the establishment of an institution more adapted to the necessities of the metropolis will be proceeded with. If every one who has this year derived from a sea-side trip the health which it is thus proposed to place within the reach of the poor would but assess that benefit and subscribe the amount to the Sea-side Convalescent Hospital, there would be no need for the complaint that funds are urgently required to carry on the work.

But the state of those poor people who get well so slowly, and remain feeble and unequal to their work so long, has a wider claim than on the kindness of fellow feeling, even if it were wondrous kind. For the working man who lives by his labour is of a certain value to the State, and that value is exactly in proportion as he is able-bodied and up to his work. Hence his physical health is, as a rule, of more direct importance than that of the rich invalid, who, well or ill, contributes about the same amount to the State.

There are more than six hundred thousand poor people yearly under treatment in the London hospitals and dispensaries. If one in every hundred of these persons passes through a severe illness, and is retarded by poverty for one week in the process of getting well and equal to his or her work, the actual annual loss is equivalent to that represented by the labour of one hundred individuals during a whole year.

For the invalided soldier public money has been profusely lavished on that building at Netley, which is misnamed an hospital. For the reception of delicate criminals, one of the finest sites in Surrey has been covered with a well-arranged convalescent institution, that their valuable energies may be conserved against the time of their being again let loose on society. But the honest working man, who produces more than he consumes, yet who at the best of times can only live from hand to

* Offices 10, Duke-street, St. James's, London.

mouth, has no provision made to help him in his time of sorest need, when his hand is empty, and his mouth requires an extra supply of food.

There is a large Parliamentary grant yearly voted to support the Dublin hospitals and relieve the sick poor of Ireland. It has been more than once suggested that our English poor have also some claim to a similar grant—that charity begins at home—and that to expend English money in relieving Irish misery has not been so encouraging in results as to warrant special exception in favour of such a bestowal of public funds. The usual reply is, that private benevolence in England suffices to maintain the public hospitals. However complimentary this sounds to us, it also conveys another insinuation not so flattering; but there have not yet been any Irish indignation meetings to protest against this or any other grant. That individual subscriptions should contribute the enormous sum of £330,000 yearly to help the sick poor of London alone, is a fact we may well mention with pride. But when private charity has done its work, and has cured the labouring man of his disease—when he only waits and wishes for the recruitment of his strength to again become a producing power for the benefit of the State—then, surely, is the time for the State to help him, that he regain as soon as may be the strength to work as he could before disabled by disease. We set aside all mention of the misery of that home to which the poor man returns when discharged from the hospital—of his daily watching the children pine for food (starvation gives terrible strength to hereditary disease, and they will grow up presently into men and women)—of the gradually accumulating pawn-tickets, as one after another of the articles of furniture are put away—and how often the poor man is driven by these things to work before his strength is equal to his pluck. But we submit that it is the duty of Government, without any respect to humanity or charity, or any other considerations than those which are based on statistics and political economy, and the official way of looking at things, to help the poor man through his convalescence, and shorten the time of it as far as possible. We believe that well-digested and well-carried-out plans for helping and tending the convalescent poor during the time when they are as yet unequal to their work, and when they must frequently acquire the dangerous knowledge that workhouse bread is as sweet as any other, would be approved by all who visit amongst the poor, who know their greatest need, and who see them in the trying time when sickness has left its mark on the threshold, and the wolf is looking in at the door.

THE LANCET has ever advocated a one-faculty system—a system under which, by one complete examination, the practitioner would go forth legally authorized, as well as virtually qualified, to practise all the branches of the profession. At present some of the examinations do not embrace all the departments of Medicine, while in other cases, in which the examination is complete, the legal authority of the licence, notwithstanding, extends only to either Medicine or Surgery. The origin of this distinction between Medicine and Surgery is known to those who have studied the history of the profession; but now the separation, so far from being necessary or beneficial, merely proves a source of inconvenience to the student, who has two half examinations to pass instead of one complete examination, and is a source of confusion and inequality in a profession which more than any other is characterized by its oneness throughout the whole of Her Majesty's dominions. Pure physicians and surgeons, each practising and cultivating his own department, we shall always have amongst the profession in our large cities. These may be distinguished by the Fellowship of their Colleges, or by the reputation which each must fight his way to before he will be recognised and consulted either by the public or the profession. But the convenience and unity of the great mass of the profession ought not to be sacrificed to this distinction of the few. The general practitioner, the medical attendant of the million, recognises no such distinction, and has a right to demand that the examination and licence for the ordinary admission into the profession shall be arranged for his convenience.

The attainment of the one-faculty system, then, is the problem. One method would be by a Medical Amendment Act, declaring that everyone possessed of any one of the qualifications now entitled to be registered, shall be thereby authorized to practise and recover in all the departments of the profession. The obstacles to such a proposal may probably be estimated by the early fate of those Bills which adopted it during former efforts at medical reform. Nor are some of the Boards very well fitted for such a trust. The Colleges, with their one-class constitution, scarcely contain within themselves, separately, the elements for a general licensing board; certain of the Universities have too little connexion with the profession to be trusted with such a power; and it would be a retrograde step to allow the licence of a trading company to form the sufficient portal to a liberal profession. Another obstacle was the much-vexed title question. Instead of the competition between Boards being the fair one, founded on the intrinsic value of the licence, those would have been preferred which were able to bestow the more favourite title. This, we believe, had much to do with preventing the success of the one-faculty system through the agency of any one of the existing Boards, and would again prove an obstacle, unless, indeed, the scheme could be accompanied by a title clause, by which any registered practitioner should be at liberty to use any professional title or titles, medical or surgical, he might prefer.

The other method which has been proposed, is that of a joint examination by the Colleges of Physicians and Surgeons. It has the twofold advantage of requiring no new Act, no Parliamentary struggle, and of bringing into conjoint action existing and competent machinery for conducting a complete examination, as well as conferring a complete legal authority. It was accomplished by the Edinburgh Colleges more than a year ago, and the Medical Council at once approved their scheme. Nothing, therefore, is required but the will of our Colleges to form a similar arrangement; with them the responsibility of the consequences of the delay must rest.

Some time ago the profession was gratified to learn that the College of Physicians had at last resolved to issue regulations, placing its licence within reach of the student and general practitioner. The reasons assigned, or surmised, for the delay do not appear to be satisfactory. The College has been too easily frightened by the rumour of a Blackfriars threat, which is at best a scarecrow. Even were it true that the Licentiate of the College could not recover for drugs, it does not appear why this should stand in the way of the issue of the licence. It has not prevented hundreds of our practitioners from journey-

ing to the North for the Edinburgh licence, nor will it prevent our students from following their example. But the supposed Blackfriars difficulty becomes more evidently a figment the more it is examined. The 31st Clause of the Medical Act runs thus:

"Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines, or other medical or surgical appliances, rendered or supplied by him to his patients."

On the supposition that the "according to his qualification or qualifications" applies, not only to the "practise," but also to the second, or "demand and recover" part of the clause, the result simply is, that the M.R.C.S. can demand and recover for attendance, medicines, or appliances in surgical cases, the L.R.C.P. for attendance, medicines, or appliances in medical cases. What more could the joint licentiate of the two Colleges want? Observe, the clause does not say, entitled according to his qualification or qualifications to practise medicine, surgery, or *pharmacy*, but it is "medicine or surgery;" and then follows the power to recover for "medicines." Had the word "pharmacy" been introduced with medicine and surgery, then, and then only, the words "according to his qualification or qualifications" could have been made to bear the construction that a licence specially including pharmacy was required, in order to enable the practitioner to prosecute for drugs. But even supposing that it had been so, the licentiate of the College is still safe even as to the power of recovering for drugs, if, indeed, he places much value on such a power, for the College is one of several bodies having such authority in their charters—the Apothecaries' Societies of London and Dublin, and, as it so happens, the Edinburgh College of Surgeons, being the others. That the College of Physicians has this authority has already been proved from its exhumed records, and it is well known that all the rights of the College are specially reserved in the Apothecaries Act of 1815. But admitting that the Apothecaries Act is not repealed, and none but an apothecary can recover for medicines, what does it signify, if the "physician" can recover for attendance, as all respectable practitioners now ignore the system of claiming payment for drugs. How in the face of these circumstances and considerations, which ought to be known to the leaders of the College, there should be any hesitation in at once issuing the licence, we confess ourselves at a loss to comprehend. The "legal difficulty" might easily and speedily be overcome. The College will gain nothing by delay. It may rest assured that the Blackfriars Society will not venture to bring the matter to a legal issue. Too conscious of the weakness of its cause, and that even success would only bring on ruin by leading to an Amendment Act, the Society's policy will rather be to delay, and trust to vague impressions on the student and to the timidity of the College. Even the Society's own counsel is reported to have pronounced for the College, but that it would require to repeal the bye-law precluding fellows and members from suing in a court of law. Why such a necessity exists, or how this should affect the question as to the future *licentiates*, does not appear; but even were it so, the penalty is a very light one, and it can scarcely be believed that the College will stop short in its duty to the profession in order merely to gratify the imaginary dignity of a few of the more highly-starched pures within its walls.

The College may rest assured that the profession is dissatisfied with the course it is pursuing. Two years have passed away since the Medical Act gave the College the opportunity of doing that duty to the profession in which it failed in 1815, and the profession is still unrescued from the trading Company of Blackfriars. The favours of the year of grace have been bestowed with one-sided liberality on hundreds of doctors, while the general practitioners have been ignored. The latter, making their way to Edinburgh by hundreds, taught the College a lesson, and seeing its duty at last, or forced to it, the new regulations for the student and practitioner were carried by a large majority, and announced with a flourish of trumpets as about to be issued. The profession was gratified; but had scarcely time to enjoy its gratification when suddenly, in consequence of a mysterious moan from Blackfriars, it became known that the College again hesitated. By thus vacillating, the corporation risks the prospect, still open to it, of taking a leading position as a portal to the medical profession, allows opportunity for imaginary difficulties to be raised, and sacrifices, meantime, the interests of the profession and of the student. The plain duty of the College was to lose no time in taking the same position in regard to Medicine which the College of Surgeons has long held to Surgery; and ordinary persons think that the College ought to be only too happy to enter on such a heritage—to become, indeed, the leading licensing body in the medical profession. The College ought without further delay to issue its regulations for admitting both the student and the practitioner to its licence. Those for the student ought to have been issued before the commencement of the present session. Can it be supposed that those desirous of entering the profession will take an Apothecaries' licence in London, when the Physicians' licence is open to them in Edinburgh and Dublin? The issue of these regulations is a necessary preliminary to the joint examination by the two Colleges, which the student has a right to demand likewise without further delay. Thus it is in the power of the Colleges to provide a one-faculty system for the general practitioner. If they do not, some other means will be devised, and the superseded Colleges may rue the day when they allowed their opportunity to pass.

OCCASIONALLY, though very rarely, we do meet with some exceptional cases, in which the hard-worked and poorly-paid officers of our pauper Unions receive a recognition of their services from some more than usually generous Board of Guardians. At certain times, with long intervals between them, we read of some professional brother having had the thanks of the "Board" voted to him, accompanied by the more ponderable gratuity of an extra £5 or £10. The last sum, however, is so bewildering an amount to think of, that except after a medical officer had run the gauntlet of an exhausting epidemic of cholera, no guardian, not even the most compassionate, could risk its consideration. We all know that the remuneration of the Poor-law medical officer is generally and rightly believed to consist of "more kicks than ha'pence." His duty, speaking generally of course, is about the hardest, worst paid, and most thankless, that a "professional man," of any

class or description, can be found to undertake. It is true, that were Medicine less overstocked with followers than it is, and the struggle for subsistence or a field for professional exertion less intense than it has come to be, we should say that we bring much of this upon ourselves by so eagerly grasping at whatever is thrown in our path. But "*il faut vivre*" is a potent motive power, and as it is found to be easier to live upon next to nothing than upon nothing at all, why even Poor-law medical officers stick to their duties with comparatively but a modicum of grumbling. Still it must be allowed we are not always true to ourselves, even when there seems nothing to gain by our sharp practice. When a brother resigns his office, (which he finds is even worse than profitless to him, as it wears him out as well as brings him nothing,) after having begged in vain for a slight increase of salary to make it endurable—why should another show such anxiety to take his place? If it were an untried office we would not gainsay him, as who knows but it might answer his purpose. But it is not so. It is a too well-known one, alas! having been tried over and over again, and resigned in desperation. Here let it be insisted upon, then, we are not true to ourselves. If Boards of Guardians in this part of the kingdom do not thank, and gratefully reward—to say nothing of decently paying—their medical officers, it is unusual for them to publicly abuse them, and call them by opprobrious epithets. But in Ireland—in that "gem of the sea," where the guardians are probably of a warmer temperament than they are with us, our medical brethren get certainly more than they bargained for, though not exactly of the right article.

We learn by the *Belfast News-Letter*, that the Guardians of the Belfast Union lately held a meeting to consider the expenditure of the Union, particularly in relation to medical relief. At a former meeting, a member had made the extraordinary statement, that the disbursement for this latter purpose was above £5500 per annum, or, at least, that £5583 14*s.* 8*d.* was paid for such out of the last rate. Violent abuse of the medical men accompanied this statement. A Committee was ordered to report upon this excessive expenditure, which, upon inquiry, was found to exist simply as a *gross mis-statement*. The total disbursement in the entire Union for salaries and drugs, &c., for one year was £2499 3*s.* 7*d.*, for which more than 19,000 medical orders were issued, and 81,241 prescriptions were made up, for a Union with a population of nearly 200,000. To descend to minutiæ, we may say the medical officers had an average of 7¼*d.* for each patient. Each prescription cost, *for everything*, 4¼*d.*, of which the medical officer received barely 1¼*d.* for his personal services. As a counterbalance to this limited source of income, however, the medical officers of the Belfast Union have the delightful privilege of hearing as well as knowing what a refined and delicate-minded member of the Board thinks about them. Mr. TIERNEY, having heard the report read, immediately proposed a retrenchment, which would not only be a very large saving to the ratepayers, but would, he affirmed, secure a more real attention to the sick paupers. Mr. TIERNEY accordingly moved—

"Firstly, that Dr. Reid, our medical officer, be dispensed with, he having obtained the Professorship of Materia Medica in the Queen's College, which pays him very well, besides his private practice, which, I understand, is large, and occupies a large portion of his time. Secondly, that Dr. Mulholland, the present medical officer's assistant, be appointed in his stead, and that the office of medical assistant be discontinued. This will be a saving of £150 per annum. Thirdly, that the situations of resident apothecary and compounder, with their attendants, be forthwith abolished; also, that the apothecaries at Barrack-street and Frederick-street stations, with their attendants, be discontinued. This will be a saving of fully £400 per annum. Fourthly, that the dispensary station in Frederick-street be given up, as the large one in Barrack-street is ample and sufficient for giving medical relief for the different wards in the town. This will be a saving, in the rent of this dispensary, besides coal, gas, &c., of about £40. Fifthly, that three at least of our medical officers, connected with these dispensaries, be dispensed with, and that the remainder do the work, at a salary of £45 per annum, which is the salary given in Glasgow to men of the first qualification for doing the like work. This will be a saving of £315 per annum. Sixthly, that all vaccination cases shall be attended to at the dispensary, Barrack-street, where there is first-class accommodation, and that a public record be kept at said dispensary for the purpose of having the cases entered, whether they be successful or unsuccessful; and that the medical officer shall enter the christian and surname, with the age and residence of each child; and after the entry in said record, the medical officer shall sign the same. Said record to be kept at the dispensary for the inspection of the public. Seventhly, that the medical officers be forthwith noticed in future not to be acting in an illegal manner by filling up this house with patients whom they are paid for attending at their own residences. This has become of late such a practice that it is alarming. Formerly, when we had only a medical officer and his assistant, we had no such practice; but when we employed a large number we had an increase of sick patients. Eighthly, this will make a saving of £905 per annum, out of which I would advance the wages of the most important and useful branches of the healing art—viz., the nurses, who are very badly paid, by giving them an extra shilling per week, which would be about £31 4*s.* per annum extra."

Besides the above scheme, Mr. TIERNEY offered some remarks about "appointing needy medical men and young aspirants," and likewise stated that medical men were humbugs and murderers, and "killed more than they cured." He finally proposed that three medical officers should take charge of the pauper population of more than 200,000 inhabitants, and receive the sum of £45 each per annum for their trouble. Wise and generous Mr. TIERNEY! We are glad to find that the Chairman pooh-poohed the retrenching proposition, with the agreement of the respectable guardians present, but to the intensest anger and disgust of its brilliant author.

"The utmost confusion prevailed in the Board-room, and the Chairman was unable to get Mr. Tierney to sit down; and even after the report passed, he kept saying at the top of his voice, 'You are only throwing dust in the eyes of the ratepayers!' 'What are you all?—A lot of ——.' 'You'll not put me down,'" &c.

To the Chairman and to one of the guardians, Mr. BROWNE, a member of the profession, all our thanks are due, for the kind and efficient support they gave to the Belfast Union medical officers. The latter pointedly told the meeting that he had assured the constituents of the ward he represented, that were it not that he might serve his brethren upon the Board, he would not sit at it at all, so insulted were the members of his profession. There he was then, simply to prevent those assaults being made upon the profession of which he was a member, which he had seen made in other Unions, and sometimes with success. We wish all Boards of Guardians had each a Chairman and a Surgeon BROWNE like unto such as are to be found in the City of Belfast.

HOSPITAL-TOUTING.

THE secretary of the City of London Hospital for Diseases of the Chest has imagined, and successfully carried into effect, an ingenious scheme of gratuitous advertisement of the claims of that institution upon the pockets of the charitable, which can hardly fail to produce a large accession to its funds. We heartily wish success to this charity, of which the benefits are skilfully and wisely administered to a large population of suffering poor; but Mr. Slater's device is too daring, too effective, and, above all, too cheap, not to evoke a host of imitators amongst those who feel that they too have a tale to tell and empty coffers to fill. It is a return to the primitive functions of the civic chieftancy, that the Lord Mayor of London should publicly control and support the public charities of the City. In the annual vote of thanks accorded to the Chief Magistrate on retirement from office, one clause always provides acknowledgment for his liberal support of the City charities. The last Lord Mayor rendered his year of office memorable by throwing the whole weight of his official and personal influence into the enterprise of founding a new charity for the treatment of the paralysed and epileptic. That admirable establishment he placed on a footing which promises for it a career of public beneficence and scientific lustre. The present Lord Mayor sheds the last radiance of his setting sun upon the bleak prospects of this house of consumption-healing. Together with much cordial sympathy, his Lordship tendered a cheque for £25. The London Hospital for Consumption has a strong case. The number of consumptive patients is unhappily so great that they overwhelm the resources of general hospitals, and nothing short of powerful special efforts will meet the distress which this disease occasions amongst the poor. On the other hand, Mr. Slater's statement shows that this institution also has relied upon the effect of its improvidence in awaking enlarged sympathy, and has plunged into bankruptcy, leaving to the public the alternative of paying off a few thousands of debt, or submitting to the odium and the pain of seeing such an institution closed. With a reliable income of about £1500, the managers expend about £4500; and have so far successfully solved the problem how to spend eighteenpence out of ninepence a day, that their total debt is stated at about £2000, or a third less than the annual excess of expenditure over income.

This is a really prosperous position compared with that of many of the metropolitan charities. For bankruptcy has been erected into a system; and it has been found that the most effectual way to stimulate the indolent eddies of Pactolean benevolence is to plunge headlong into the outlay requisite for extensive charitable operations, and by thus "burning the ships" to render retreat from donation impossible. Of course large and discriminating allowance must be made for the urgency of the wants which besiege the doors of all our public charities. Great fault, too, lies with the majority of charitable donors. They refuse to add their names to the list of permanent subscribers, and thus do not permit the governors to form an estimate of their reliable yearly income. They yield annually to solicitation, and figure in the public lists of donors, but such donation is to be considered final. And it must be remembered that in a well-arranged system of financial management donations ought always to be treated as capital, and subscriptions as income. Such a Utopian state of finance is hardly even dreamed of in any of our hospitals. At one hospital they have even gone so far as to kill the goose for the sake of her golden eggs—to abolish their income for the purpose of consuming their hundred thousand pounds of capital. This is certainly exceptional in the opposite direction. As a rule, the funds of the London hospitals are well and cleverly administered. They are open only to the usual charge, that they submit too freely to the temptations of a public who sometimes shrink from a steady financial support of the charities in which they are interested, but who yield a fluctuating tribute to the pressure of solicitations—shall we say to the pleasures of public acknowledgment and the repetition of private thanks?—and who are only thoroughly melted when their favourite charity is half bankrupt, when beds are empty and wards are closed, and when an approaching disastrous termination is announced as inevitable. The system is not a prudent or desirable one; but it is difficult to amend it otherwise than by general perception of its evils, and common consent to its amendment.

DEATH BY FIRE.

"ANOTHER death by fire" is a common heading by which modern readers are familiarized with the almost daily holocaust of women and children, sacrificed by the combustibility of their dress and the expansion of their crinoline. The Registrar-General, who accurately exhibits these integers of suffering and death and displays their incredible sum-total, records above three thousand deaths from fire, of which some hundreds might have been averted by the adoption of the simple expedient, which cannot be too pressingly urged upon the female mind, of adopting in the laundry the use of one of those powders which render clothing non-inflammable. As we write this, an inquest is being held at the London Hospital on the body of a child, burnt alive by her clothes catching light at the household fire; and we understand that many patients are at this moment lying in the metropolitan hospitals more or less seriously injured by accidents arising from a similar cause. This is a very serious evil, and one which cannot be regarded without a regret deepened by the reflection that such accidents are preventible. The means proposed are simple and efficient. We have already more than once explained them. In the Queen's laundry they have been adopted since the terrifying accident by which the dress and person of the Princess Royal were scorched by ignition of her sleeve at a candle. Here is no want, then, of pointed moral and high example. But it is difficult to awaken the mind to the necessity of providing against contingencies which are distant and uncertain. Until the moment of the catastrophe, nothing seems more unlikely than that it should occur. Nevertheless, all ranks have furnished their quota to the number of victims. Princesses, countesses, court ladies, ballet-girls, the decrepid and the young, rich and poor, swell the list, which is thus passed over with indifference, or with a thoughtless shudder that leaves no further trace.

The solutions which are the best hitherto produced for the purpose are those of tungstate of soda and sulphate of ammonia. The former is preferable for woven fabrics, since it allows the iron to pass smoothly, whereas other salts do not. The able chemists, Messrs. Versmann and Oppenheim, who introduced these salts as the result of their investigations, have recently given some plain directions in their employment, which in the interests of practical persons we transcribe: "The solution which does not become clear must be made with warm water, and should be well stirred. A sheet of linen is then soaked in it and dried. The articles of dress, or curtains, after being well starched, blued, and rough-dried, are saturated in the solution, then rolled in the above piece of linen, and ironed as usual." The salts are being sold, since we have repeatedly drawn attention to them, under the title of the "Ladies' Life Preserver;" but they are simply the substances which we name.

The extraordinary losses of life and property very recently occasioned by fire in this city have naturally suggested the investigation of the applicability of these salts to the purpose of rendering timber non inflammable. This is very possible; but the use of sulphate of ammonia for this purpose by the best process would cost about 1*s.* 2*d.* per cubic foot of timber, and this is almost prohibitive for general use. There are, however, many other uses suggested besides the finishing of woven fabrics

to which it may be advantageously applied. Thus if a solution, containing about twenty per cent. of the salt, be employed in the making of glue or paper-hangings, these will become non-inflammable. Even shavings will thus refuse to flame. Covers for goods trains, and tarpauling soaked in the solution and afterwards painted with a mineral paint, rather than the present oil-dressing, will also become non-inflammable. Last week we read the account of an express train on fire, from the engine sparks falling on the goods truck; the passengers nearest, amongst them a helpless invalid on his way to hospital, feeling the near approach of the flames, but destitute of all means of signalling their distress or causing the arrest of the train. Such accidents may be prevented.

SICKNESS AT BEYROUT.

THERE is apparently some little difference of opinion at Beyrout as to the nature and extent of the medical assistance required in view of the present sufferings and diseases of the thousands whose homes have been desolated by the Druses. The correspondent of *The Times* has done admirable service in calling attention to the filthy state of Damascus and Beyrout, the absolute necessity for the execution of sanitary repairs and improvements, and the destitution of medical advice and necessaries in the presence of starving thousands close huddled in filth, and in view of increasing misery which will be aggravated by the approach of the wet and unhealthy season. These considerations did not apparently occur to the Relief Committee at Beyrout and Damascus. Nevertheless, upon the suggestion of the London committee—born of these representations of the correspondent of *The Times*,—they have willingly appropriated some twenty pounds a week to the employment of refugee labour in cleansing the town. This appropriation will, it may be feared, be in no small degree nullified by the appointment of the eight consulate dragomans—"men who represent nothing save the principle and practice of backsheesh"—as a committee to superintend the sanitary works. It would seem impossible to select a more ineffective board for such purposes; and it must be feared that they have little of the will, and absolutely none of the information, necessary even for the primary task of clearing five thousand loads of filth with which the town is encumbered, not to speak of the further proceedings belonging to such a board—the segregation of the sick, the cleansing of drains, the establishment of a sanitary service, organization of inspection, and other works essential to the suppression of an epidemic. On another point the committee have actually returned a negative answer, under circumstances which clearly call for a precisely opposite course. They have negatived the suggestions coming from the same source, that nurses, surgeons, medicines, and tents should be sent. They decline all except the medicines and medical apparatus, and intimate that they have the means of efficiently organizing the medical staff of the necessary hospitals.

But how can this be justified when we learn that in Damascus, where a Christian population has been installed in Moslem houses, estimated at from six to eight thousand souls, and daily becoming more numerous, not a single European doctor was resident? For two months they have been huddled together in beds, suffering every kind of privation. The dead bodies had encumbered the streets, at the time of the last accounts, since the early part of July. A sickening odour of corruption followed even slight showers, and the rainy season is at hand. With all this, there was not a trustworthy medical man in the city, nor any medicines beyond a few simples. The tender mercies of the native doctors are likely to be worse than neutral in their effects. The statements of the correspondent of the *Times* are well worthy of the special consideration of the London committee. It is the invariable and inevitable tendency of the official to view his own works through a *couleur-de-rose* atmosphere; he will see no shortcoming, no blundering, no misery. Thus, lately in Italy, when our own correspondent forwarded us actual accounts of the mismanagement, the destitution, and the mortality in some of the Neapolitan hospitals, these statements were denounced as calumnious by those who were pleased to fix their regard upon some hospitals personally conducted by Madame Mario, and which were in an improved condition. So here, there is an hospital at Beyrout fairly organized, but at Damascus and elsewhere there is too plainly a state of desolation.

Correspondence.

"Audi alteram partem."

THE UNIVERSITY OF ABERDEEN.

To the Editor of THE LANCET.

SIR,—As some misapprehension is prevalent on the subject, would you have the goodness to inform your readers, that by the Universities (Scotland) Act, 1858, the provisions of which came into operation at Aberdeen on the 15th September last, when the University and King's College of Aberdeen, and the Marischal College and University of Aberdeen, were united into one University, under the title of "The University of Aberdeen," all persons having a degree in any faculty from either of the two former institutions are to be held as having the same degree in the University of Aberdeen, and have equal rights and privileges with those who shall in time coming graduate at this University.

I am, Sir, your obedient servant,
DAVID THOMSON, M.A., Secretary.

University of Aberdeen, October, 1860.

To the Editor of THE LANCET.

SIR,—I venture to offer a few words of remonstrance against the regulations of the University of Aberdeen, as lately remodeled, concerning degrees in Medicine.

Wishing to take the degree of Bachelor in Medicine at the said University in the spring of 1861, and anticipating that I should come within the limits of the regulation for the admission to examination, *without* residence, of practitioners who had been five years in the profession (having obtained the membership of the Royal College of Surgeons in January, 1856), I was surprised when, in answer to an application I made to the University authorities, I was informed that, by a recent ordinance of the University Commissioners, I could not be admitted to examination for *any* medical degree, without residence for at least one winter session. This requires looking into.

I enclose my card, and have the honour to remain, Sir,
Your most obedient servant,

October, 1860. AMATOR JUSTITIÆ.

EXPERIMENTS ON LIVING ANIMALS—VIVISECTIONS AT ALFORT.

To the Editor of THE LANCET.

SIR,—To concurrence in the views enunciated in the article on Vivisections at Alfort in your last issue, I presume to add expression of conviction that, in dealing with the general theme of experiments on living animals, you have correctly estimated the question raised by the strictures on the Alfort cruelties pronounced by Mr. Spooner, the principal Professor of the Royal Veterinary College in London. This institution was founded towards the close of the last century by a number of wealthy and learned men, with whom no less than John Hunter actively co-operated in money and counsel. His master-hand is visible in the original code of regulations, a copy of which will be found, by anyone curious in the matter, in the British Museum. From the copy of these laws, printed in 1791, I quote:—

"Regulation XVII.—There shall be chosen on the day of election in each year two committees—viz., a Medical Experimental Committee, and a Committee of Transaction.

"Regulation XVIII.—The Committee of Transaction shall be charged with the selection, compilation, and arrangement of the matter for the annual volume of Transactions, and the preparation of a prefatory discourse.

"Regulation XIX.—The Medical Experimental Committee shall meet occasionally for the purpose of suggesting and trying experiments, with a view to throw additional light on the animal economy, and to discover the effects of medicines upon different animals, to be procured for that particular purpose; and this Committee shall from time to time make reports of their proceedings to the Council."

Will Mr. Spooner, as Principal of the Veterinary College in London, favour the world with the proceedings of the Committee of Transaction and of the Experimental Committee?

The science of pathology greatly needs comparative illustration. This was the great idea of John Hunter, one of the founders of the London Veterinary College. Certain it is that well-conducted experiments on living animals have been, and must ever be, one of the most fertile sources of original information to the practical medical philosopher. Yet how many of our best experimenters apply at the London Veterinary College, year after year, for the purpose of conducting inquiries, only to be met with refusal.

Would it be unreasonable to call in question the wisdom and high-mindedness of anyone who, being a party to the neglect of such regulations as those inspired by the genius of Hunter, quoted above, strove to make capital of public philanthropy by stigmatizing the *abuse* of vivisections *on the Continent*?

I have the honour to be, Sir, your obedient servant,

J. SAMPSON GAMGEE,
Surgeon to the Queen's Hospital, &c.

Broad-street, Birmingham, Oct. 22nd, 1860.

NEW METHOD OF REDUCING STRANGULATED HERNIA.

To the Editor of THE LANCET.

SIR,—I read with considerable interest in your journal of the 20th inst. a paper on the above subject, and I can testify to the efficacy of the means therein recommended by Mr. Jessop, having during the course of several years had many cases of a similar nature come under my observation, of one of which I send you the following account:—

Some years ago I was summoned one night to a man between fifty and sixty years of age, who was employed upon the estate of Sir H. Meux, at Theobald's-park, in Hertfordshire, and whom I found labouring under strangulated hernia in the right inguinal region, of some hours' duration. I endeavoured, but without success, to effect reduction by the usual methods. Wishing to save my patient, if possible, from a painful operation, I then drew him to the foot of the bed, and placed each leg over the shoulders of two of his fellow-workmen who were within call. His body being completely inverted, and supported by the flexion of his head and shoulders, and the fibres of the abdominal muscles having become relaxed by inversion, I succeeded in a few minutes, by careful manipulation, in completely reducing an intensely painful, hard, and strangulated hernia.

Trusting that this method of overcoming this dangerous surgical disease may, by being early resorted to, render more serious operative measures seldom necessary,

I remain, Sir, your obedient servant,

JOSHUA WATKINS, M.R.C.S.

Chandos-street, Strand, Oct. 1860.

POISONING BY "DR. LOCOCK'S PULMONIC WAFERS."

To the Editor of THE LANCET.

SIR,—On the 18th ultimo, at eight o'clock A.M., I was called to see William ——, aged four years and a half, who was represented as very ill from having eaten nearly a whole box of Dr. Locock's pulmonic wafers, containing about twenty-four lozenges. I saw him twenty minutes after; he was then suffering from great giddiness; unable to walk or even stand without assistance; drowsiness and stupor, verging upon coma. The eyelids were half closed; the pupils contracted to the size of a pin's head; the breathing slow; the circulation depressed; the skin covered with sweat; the extremities cold; and there was urgent thirst;—in short, the little fellow was suffering from narcotic poisoning. Fortunately, he had vomited freely very soon after having eaten the lozenges. Stimulating emetics, with copious draughts of warm water, were at once administered, which acted well. Hot applications to the feet and legs, with friction, were had recourse to. Streams of cold water were also poured upon the head, which had a powerful effect in arousing the patient and restoring him to consciousness. Strong coffee, with diffusible stimulants, were freely given; also small quantities of tincture of belladonna. But at last it was found necessary to have him removed to the garden, and there walked up and down, and amused by his companions. From this time the symptoms began to assume a more favourable aspect. Towards evening he seemed out of danger, slept well during the night, and in the morning all traces of poisoning had disappeared.

These wafers evidently contain some powerful narcotic ingredient, injurious if taken in large quantities, and highly dangerous to children. Such a hint is not given in the printed directions attached to each box of these lozenges. Why?

I remain, Sir, yours faithfully,

DAVID EASTON, M.D.

Stranraer, Wigtonshire, Oct. 1860.

*** Our correspondent might also ask, Why do the proprietors of this quack medicine abuse the name of an honourable and distinguished member of the medical profession?—ED. L.

MORTALITY IN CHURCH-LANE, ST. GILES'S.

To the Editor of THE LANCET.

SIR,—A paragraph in your journal of the 13th inst. quotes some statistics of the mortality in Church-lane, St. Giles's. Will you oblige me by stating that the mortality there referred to is that of the years 1838–44, the figures being extracted from a paper by Mr. Horace Mann, communicated to the Statistical Society in 1848. Since that period very great improvement has been effected in this locality by the operation of the Common Lodging-houses Act, and of the Metropolis Local Management Act, under which medical officers of health and sanitary inspectors hold their powers. The statistics of twenty years ago have, therefore, only an historical bearing upon present facts. Indeed, at this moment, Church-lane and its environs are in an unprecedentedly healthy condition. The extent and cause of the improvement are indicated in the following extract from my last annual report:—

"In none of the ten sub-divisions of St. Giles's was the improvement in the public health during 1859 so striking as in the locality which includes Church-lane. In 1857 and 1858 the deaths here were steady, at 251 and 283 per ten thousand residents; in 1859 they sank to 222. This amendment affected all the diseases which are most characteristic of St. Giles's: fewer children died; there was less zymotic mortality; consumption and lung-diseases had fewer victims. In Church-lane and its courts alone the actual deaths in 1859 were but twenty-nine against forty-eight in the year that went before. Who can doubt the cause? In 1858 and the beginning of 1859 vigorous steps were taken to improve this locality, by securing better ventilation to the houses and rooms, cleaner privies and ampler water-supply: over-crowding was carefully prevented. One of the courts most affected by these measures was Kennedy-court. In 1858 six people died here; two from fever, one from erysipelas, another from consumption, and two were children under two years of age. In 1859 there was not a single death. In 1858 thirteen people from Church-lane and its purlieus died in the workhouse; in 1859, five only. Who will calculate for the economist the money-value of these sanitary measures?"

I trust that these facts may be of some comfort to your readers, who have no doubt been sighing for some days over an interesting bit of antiquarian statistics.

I am, Sir, your obedient servant,

GEORGE BUCHANAN,
Medical Officer of Health for St. Giles's District.

Gower-street, October, 1860.

THE DELUSION OF SPIRITUALISM.

To the Editor of THE LANCET.

SIR,—I have with much pleasure read your admirable article on Spiritualism. While maintaining the same views, I have often met with the assertion that Sir D. Brewster and the Bishop of Oxford are believers, and therefore there must be something more than humbug in it. Can this be true?

I am, Sir, faithfully yours,

D. H. G.

Hastings, Oct. 1860.

WANTED, AN EDITOR.—The difficulties in the way of conducting the *British Medical Journal* in such a manner as to please two thousand proprietors, have culminated in the resignation of the Editorship by Dr. Wynter. The Association advertizes for an Editor to supply the vacancy.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

I HAVE often been asked by those of my countrymen about to commence a course of professional study in the Paris Hospitals, to give an opinion regarding the relative merits of the French and English systems of medical education, and requested to state my conviction as to which school I considered most calculated to produce, out of a given number of pupils of equal intellectual capacity, the ablest practitioners. My answer to this question has invariably been the following:—If a perfect knowledge of the diseased conditions of the body, of its organs and their functions, of the symptoms accompanying disease during life, and of the morbid changes noticeable after death, alone constituted the necessary qualifications for the practice of the medical science; if a thorough acquaintance with pathology, the art of diagnosis, the symptomatology and etiology of disease, included all that is requisite for the exercise of our profession, I should consider the advantage as entirely resting with the French system. But if, on the other hand, surgical or medical education more specially implies a knowledge of therapeutics, and consists rather in the curing than in the naming of disease, the sciences above enumerated being considered as *rounds*, and not as *landing-places*, on the ladder of learning, then I have no hesitation in awarding the palm to the schools of Outre-Manche.

I have already spoken in a former letter, when dwelling on the subject, of the *experimental* nature of much of the practice in the hospitals, and once thereby drew down upon my head a thunderbolt from the Jupiter of the French medical press: "il n'y a que la verité qui blesse," and as I am none the worse for the castigation, let me open for your perusal a fresh page of the "mystères de Paris." With the experimentalists I have nothing to do to-day; they constitute a sect of themselves, which is neither a branch nor a sucker of the real trunk of the French medical system, but a graft, and that off a foreign stock;—the infusion of the non-indigenous element will probably, at no far-off day, much modify and improve the vitality of the old stem, but the principles of the reformers are still too unsteady to be shaped into a complete system, and time is requisite for development and organization. The most talented and the boldest of this school of protestant against "le vieux style" is M. Trousseau, and many of his most successful modes of treatment are borrowed from the clinical researches of the Dublin school, and notably from those of Graves. When I speak of "the French school," I refer to such men as Andral, Louis, Bouillaud, &c., all names dear to science, and my strictures in this particular instance fall more especially on the physicians, for a manifest reason. In the French hospitals generally, the first, and often the only question occupying the attention of the medical investigator at the bedside of the patient is, *the nature of the complaint*. The natural history of the disease, its habits, its forms of expression, its favourite haunts, its modes of subsistence, incubation, reproduction, &c., form the *chief* subject of inquiry and examination. If an organ be diseased, the extent of the injury is accurately defined, the alteration in its function carefully and closely examined, the pathological changes noted when within view, or shrewdly surmised when out of sight, and a diagnosis, the *ne plus ultra* of scientific perfection, satisfactorily established. Possibly, also, the prognosis may be hinted at; but here, in a large number of cases, to all practical purposes, the "*cura medici*" terminates, and the homicidal let-alone treatment, the "*médecine expectante*," mounts guard at the bedside, tisane in hand. Often and often have I seen some one or other of the great medical authorities here turn from the pillow of a patient, on the investigation of whose malady some half-hour of most careful consideration and reflection had been bestowed, perfectly satisfied with the ordering of some prescription which a monthly nurse would barely have owned; and often have I been struck with the wonderment depicted on the face of a new student at hearing the "pot de gomme sucrée" so frequently repeated over the bedside of patients not likely to live until the mild potion had been compounded, the impression left on the mind of the youthful pupil being that a correct diagnosis was of paramount importance, whereas treatment was, if not a work of entire supererogation, at all events of comparative insignificance. "Frequent droppings" will eventually leave their indelible imprint on the stone, and a constant repetition of such examples cannot fail to bias the juvenile mind, as in this particular instance I could testify by many examples. In the British schools, and more especially in the provincial hospitals, the converse of this system is mostly found to prevail, and the question proposed by the medical attendant to himself is not so much, What is the disease? as, What is the remedy? The practical features of the subject are those which more especially arrest attention. The curious details of morbid anatomy and pathology, which in France would afford material for elaborate study and discussion, fly over the head of a more matter-of-fact intellect, or else dwindle into insignificance beside the one momentous desideratum of successful treatment. I do not wish to attach blame to individuals for what is the fault of a school and of its system; nevertheless I feel confident that I shall be borne out in my assertions by the experience of all those of your readers who have walked the Paris hospitals, when I say that in very many instances the physicians here have seemed to me to be occupied in investigating disease (in their hospital practice) much as a naturalist pursues the same—namely, for its zoological interest, and not as the English practitioners, for its annihilation. A curious and unusual complaint, with impending fatal termination, which in London would be termed *a bad case*, is, in a Paris hospital, qualified as a *beau cas*, and the deadly character of the disorder is forgotten amidst the interesting peculiarities of its symptoms. But for this grave and systematic error, an insult such as that lately offered to our profession, in the statistical comparison between the results of the homœopathic and of the rational modes of treatment in pneumonia, never would have been possible, as was very properly observed by M. Malgaigne in his recent diatribe at the Academy against the malapraxis of the organicians. Such an indignity never could have been offered to the profession in Great Britain, and why should the practitioners of a capital in which so much talent abounds have subjected themselves to so degrading a charge?

In a recent communication to the Academy of Medicine, M. Marchal de Calvi dwelt upon a not uncommon disease of the gums and alveola. This disease, hitherto unnamed, he proposes to call "expulsive gengivitis," and as a suggestion of treatment, based upon a series of successful cases, is appended to the essay, I deem it worth mentioning. The affection consists in an inflammation of the gum and of the tooth-socket or its lining, mostly commencing by an abscess, with a subsequent slow inflammatory process. The tooth begins to emerge from its position in the jaw, deviating from the natural direction; the gum recedes, and if the malady be unchecked, the former is completely ejected from its legitimate lodging. The disease is mentioned by English authors, but seems to be, if not unknown, at all events *unnamed* in France, and constitutes the torment and bugbear of many a coquettish middle-aged lady. M. Marchal de Calvi enumerates as the causes of this unsightly affection,—first, hereditary predisposition; next, exposure to damp and cold, the neglect of cleanliness, and presence of tartar round the gum, dyspepsia or gastric irritation; and lastly, pregnancy and lactation. The remedy found most successful in cutting short the disease in its early stage, is a *watery* solution of iodine, to be brushed twice daily over the gum; the solution at first to be used weak, and subsequently stronger and stronger, until a concentrated form is tolerated.

The excellent report read by M. Ménière, Physician to the Deaf and Dumb Asylum in Paris, at a late meeting of the Academy, has completely set at rest the question of the efficacy or inefficiency of ethereal instillations into the ear for the cure of surdo-mutity. M. Ménière availed himself of the advantages afforded by his position at the Asylum, and instituted a series of experiments with a view to the solution of what, strange to say, was, and is still in many minds, an undecided question, and came to the conclusion that sulphuric ether exerts *no action whatever* upon the auditory senses of those congenitally deaf and dumb. M. Ménière might have been entitled to carry his condemnation still further, but said that, in his character of scientific experimentalist he was bound scrupulously to respect the limits he had himself imposed upon his researches.

At the last meeting of the Academy of Sciences, M. Demeaux sent in a paper, the subject of which is most important, not only in its physiological, but also in its hygienic bearings. "From a certain number of facts which I have collected," says M. Demeaux, "I am convinced that intoxication on the part of the male at the moment of conception becomes one of the frequent causes of epilepsy in the offspring. Out of thirty-six cases of epilepsy in my practice, I have been enabled to ascertain from the confessions of the mother that in five the fecundating process had been performed whilst the father was in a state of inebriety, and my assertions are based wholly upon the

declarations of the female parents." M. Demeaux traced also to a like source two cases of congenital paraplegia and a case of idiocy. Surely such facts as these should be investigated in London, where habits of intemperance amongst the lower classes are so common, and where the conditions above dwelt upon must be frequently fulfilled.

At the same meeting was read a communication from M. Tavignot, an oculist practising in Paris, and author of a treatise on Eye Diseases, with reference to the application of the galvanic cautery to the removal of cataract. The electrical part of the apparatus used for the purpose is a battery known here as the "pile grenet." It is provided with a pedal for breaking or making the current, and has the additional advantage of being portable. The handles of the conductors are made so as to admit of a cataract-needle being fitted on to each; a handle is held in either hand, and the cornea punctured in two opposite points of its circumference, the needles being carried on until they meet on the surface of the anterior capsule. By the action of the pedal, the contiguous extremities of the needles are brought to a white heat; the capsule is destroyed, and by a little manipulation, the needle-points being retained in contact, the whole of the opaque lens can be broken up and placed, *according to M. Tavignot*, in the most favourable condition possible for absorption. One would have imagined that the very process used for breaking up the lens—namely, that of charring or calcining part of its component elements—would have left in the eye a material less capable of absorption than the uncooked crystalline substance; but it is maintained that such is not the case.

Paris, October 22nd, 1860.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations, received their diplomas in Dental Surgery at a meeting of the Board on the 24th instant:—

Balkwill, Francis Hancock, Canonbury, Islington.
Devonshire, James Kemps, Great Coram-street.
Evans, John, Gloucester Cottage, Upper Albany-street, Regent's-park.
Pitkin, John Spencer, Fleet-street.
Freeman, St. George, Waterford.
Harrington, George Fellows, Ryde, Isle of Wight.
Leigh, Samuel George, Leeds.
Magor, Martin, Penzance, Cornwall.
Ritson, Joseph Lewthwaite, Carlisle.
Ryding, William, Limerick.
Williamson, William, Elgin, N.B.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, October 11th, 1860.

Bailey, Frederic Charles, Norwich.
Lancaster, William James, Barnsley, Yorkshire.
Orwin, Thomas William, Birmingham.
Thomason, William James, Royal Navy.
Watts, Frederic Hare.

The following gentleman also on the same day passed his first examination:—

Savage, James, Hull School of Medicine.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—Robt. Uvedale West, M.D., L.R.C.P. & L.R.C.S., Alford, Lincolnshire was elected a Fellow of this College on the 17th inst.

APPOINTMENTS.—Dr. R. Wollaston has been elected Physician to the South Staffordshire Hospital, in place of Dr. Topham, resigned.

Mr. C. W. Browne has been appointed Resident Medical Officer of the Metropolitan Hospital, Devonshire-square.

Dr. T. A. Carter, of Leamington, was elected Honorary Physician to the Warwick Dispensary on the 17th ult., *vice* Dr. Allanby, who has recently resigned.

THE ANALYST FOR THE CITY OF LONDON.—At the last Court of Common Council, it was announced that the Secretary of State for the Home Department had sanctioned the appointment of Dr. Letheby as analyst.

THE LATE DR. ADDISON.—The will of this gentleman, late consulting physician to Guy's Hospital, was admitted to probate on the 4th instant, and the personalty sworn under £60,000 by one of the executors—viz., John Addison, Esq., of Banks House, Cumberland, the testator's brother; power being reserved to Alfred Brooke Barnes, Esq., surgeon, of King's-road, Chelsea, also an executor. To his relict he has bequeathed his freehold estate and residence at Brighton, together with the furniture, and has left her an annuity of £350 and his shares in the Indemnity Mutual Marine Assurance Company; and to her son and daughter he has left an annuity of £100; these annuities to be free of legacy duty. The presentation of plate made to him by various parties, both public and private, he leaves to his said brother, to be held by him as heirlooms in the family. He appoints his said brother, John Addison, Esq., residuary legatee of his estate, real and personal. The will bears date September 26, 1855, and a codicil in 1858.

VERDICT OF MANSLAUGHTER AGAINST A BONE-SETTER.—Mr. Evan Thomas, bone-setter, of Liverpool, has been committed by the Coroner for the county of Chester and the magistrates of Birkenhead, and is to take his trial on a charge of manslaughter at the Chester Assizes.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—The half-yearly general meeting of the members of this Society was held on the 10th inst. It appeared that during the first half of this year 38 widows and 22 children of former members had received half-yearly grants, amounting to £869, besides grants towards self-maintenance to two children—£45. A grant was specially made by this meeting of £30 towards apprenticing an adult, deaf and dumb, son of a late member. Dr. John Clarke having withdrawn from the office of acting treasurer, a warm vote of thanks was passed to him for his valuable services during the past five years. Mr. Thomas Arthur Stone was re-elected President, Messrs. John Miles and James T. Ware Treasurers, and Dr. G. Hamilton Roe was elected Acting Treasurer for the ensuing year.

MIDDLESEX HOSPITAL MEDICAL SOCIETY.—The first meeting for the present session was held in the board-room of the hospital, on Thursday evening, Oct. 18th, Mr. Flower in the chair. Dr. Cobbold read a paper on "Tapeworm, its Prevention and Treatment." The very recent observations of naturalists upon the development of tapeworms, and their relationship to the cystic entozoa, were pointed out, and illustrated by diagrams and specimens. The author then remarked that to harbour parasitic beings appears to be an almost universal and normal condition of existence. He had himself dissected upwards of six hundred animals belonging to the different vertebrate classes, and had in almost every instance found some form of internal parasite, often many different species, and innumerable individuals, inhabiting the same creature. Upwards of twenty species of entozoa are known to infest the human body; of these, four belong to the Tæniadæ, or tapeworm family—namely, Tænia solium, T. mediocanulata, T. nana, and Bothriocephalus latus. The means of prevention is, to avoid the introduction of the creature in its undeveloped or cystic condition into the system. In this state it has received the name of Cysticercus cellulosæ, and exists frequently in the muscular tissue of the pig, producing what is commonly known as "measly pork," and which, if eaten in an imperfectly cooked state, will infallibly give rise to tapeworm. The treatment recommended was, half a drachm of etherial oil of male fern, mixed with one ounce of honey; half to be taken at night fasting, the other half the next morning, followed in two hours by a brisk purgative.

MEDICAL TRIAL: MICHAEL *v.* LEA.—The plaintiff in this case is a fully-qualified practitioner at Newcastle, and the defendant a farmer; the action being to recover the sum of £2 2*s.* for attendance upon the latter, and £1 1*s.* 6*d.* for attendance and medicines for his servant, supplied at his request. The first item included a charge for adjusting temporarily a compound fracture of the arm when called hastily at the time of the accident, and visiting the patient three times at seven miles' distance. If any fault could be found, we think it should be that the fee of £2 2*s.* was unreasonably small for such services. As to the second item, it was submitted that the defendant had acted only as messenger to his cowman, and had requested Dr. Michael to attend to him in that capacity only. This defence also broke down, and judgment was given for the plaintiff. We have rarely seen a more shabby affair.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCT. 20TH.—The deaths in London, which had been in the previous week 1008, rose in the week that ended last Saturday to 1116. In the ten years 1850–59 the average number in the weeks corresponding with last week was 1020; and corrected for increase of population, 1122. The deaths by zymotic diseases were 272, including 9 by small-pox, 56 from measles, 49 from scarlatina, 8 from diphtheria, 34 from diarrhœa, and 2 from cholera.

MEDICAL DIARY OF THE WEEK.

MONDAY, OCT. 29	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC. — 4 P.M. Clinical Lecture on "Epilepsy and Paralysis." By Dr. Brown-Séquard. MEDICAL SOCIETY OF LONDON. — 8½ P.M. Dr. H. Hyde Salter. "On the Nature and Cause of the Respiratory Murmur."
TUESDAY, OCT. 30	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL. — The following Operations will be performed at 2 P.M.:—By Mr. Holt: for Ununited Fracture of Humerus; Onychia.—By Mr. Holthouse: for Radical Cure of Hernia.
WEDNESDAY, OCT. 31	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M. HUNTERIAN SOCIETY.—8 P.M.
THURSDAY, NOV. 1	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. HARVEIAN SOCIETY.—8 P.M. Mr. Sedgwick, "On Sexual Limitation in Hereditary Disease."
FRIDAY, NOV. 2	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, NOV. 3	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under .....£0 4 6 | For half a page £2 12 0
For every additional line..... 0 0 6 | For a page 5 0 0

Advertisements which are intended to appear in THE LANCET of any particular week, should be delivered at the Office not later than on Wednesday in that week: those from the country must be accompanied by a remittance.

TERMS OF SUBSCRIPTION.

STAMPED.
(To go free by post.)

One Year	£1 14 8
Six Months...	0 17 4
Three Months	0 8 8

UNSTAMPED.

One Year	£1 10 4
Six Months...	0 15 2
Three Months	0 7 7

Post-office Orders in payment should be addressed to GEORGE COKER, THE LANCET Office, 423, Strand, London, and made payable to him at the Strand Post-office.

THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

Poor-law Medical Officer.—The Act distinctly specifies that the surgeon shall be paid 2*s.* 6*d.* for each pauper lunatic whom he examines. The fact of a patient being under sixteen years of age does not preclude him from being a pauper, provided "he has been maintained wholly or in part by, or had become chargeable to, any parish, union, or county." If the patient, therefore, comes under this description of person, the guardians are bound by the statute to pay the fee for examination. The mere receipt of an order, however, for medical relief or examination does not constitute the recipient a pauper, and this is the ground probably upon which the guardians repudiate payment. If this be the fact, the guardians can legally resist the claim. We know, however, that it is the practice in some unions for payment to be made to the medical officer for every lunatic he examines, whether or not he comes strictly under the denomination of pauper. This is not only reasonable, but just.

Oldham.—Due notice shall be taken of the communication.

PROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—I beg to enclose you an advertisement which appeared in the *Wolverhampton Advertiser*. Mr. Coleman is senior surgeon to the South Staffordshire Hospital, and has been extensively engaged in general practice for upwards of forty years. When we find gentlemen like Mr. Coleman setting such an example, what are we to expect from the less fortunate members of our profession?

I am, Sir, your obedient servant,
October, 1860. SUCH IS LIFE.

"The medical establishment of Messrs. Coleman will be carried on as usual by Dr. John Coleman, with Mr. Coleman, senior. Mr. Coleman is anxious to have the support of his friends at the present time, and every attention will be afforded to the patients under their care. Consultation hour, ten A.M."

M.D.—The occupation referred to certainly cannot be called "strictly professional." However, it may be termed amusement during the holidays. We are gratified to hear the "little patient" is doing well.

Student.—At any of the schools.

Chirurgus.—Mr. Kimpton's Circulating Medical Library, Wardour-street, Soho.

A. B. C.—Not if he be registered.

Inquirer, (Handworth.)—He will come under the old regulations.

Dr. Tuke's letter shall appear in our next.

Johnstone will find the information he requires in any work on Materia Medica.

THE NEW SYDENHAM SOCIETY'S YEAR-BOOK.

To the Editor of THE LANCET.

SIR,—May I trouble you with a few lines in reference to the Year-Book recently issued by the New Sydenham Society. The general arrangement of it appears to be admirable, and if the details be accurate, the book must be a most valuable one. My fears have, however, been excited on the latter point by a slight examination of one department of it. As I happened to have under my care a number of children suffering from tinea tonsurans, I turned to the heading, "Diseases of the Skin and Cellular Tissue," under the general subject of Diseases of Children. I there find (p. 411) a disease called *tenia* (a word three times repeated), which Malago is said to profess to cure in eight minutes. What disease is this? It cannot be tænia solium, as it is classified with diseases of the skin; and in looking to the remedy, I find that sulphate of lime, dry, and lime recently slaked, are the ingredients which are to be applied to the part affected. Can the disease intended be *tinea*? Before testing the proposed remedy in cases of tinea tonsurans, I thought, under the circumstances, that it would be wise to refer to the original authority. On doing so, I found that the disease referred to is "teigne," or "tinea." I found, moreover, that the ingredients of the remedy are not sulphate of lime and lime, but "*sulphure de chaux et chaux*"—a far different combination from that prescribed in the Year-Book, as anyone with the least knowledge of French and chemistry ought to know.

This is surely a blunder of a serious kind, which one ought not to meet with in a book published under such auspices, with a view to save medical men in practice the time required to consult the original authorities.

On the 406th page, Gubler is made to say that "the aphthous patches appearing in the mouth of infants, known as *muguet*, or thrush, appear only in those diseases accompanied by an *alkaline* condition of the oral cavity." On turning to the original, his words are found to be: "Nur bei krankheiten wo die alkalische natur der Mund-secretion eine *saure* geworden ist." Only in diseases where the alkaline nature of the secretion of the mouth has become *acid*.

It is to be hoped that these are not specimens of the manner in which other parts of the book are compiled. If they are, its utility is completely destroyed. I have not time to look more fully into the subject at present; but if mistakes such as I have pointed out are discovered on a cursory investigation, there is reason to fear that a more careful inquiry would lead to the detection of many more.

I remain, Sir, your obedient servant,
October, 1860. A MEMBER OF THE NEW SYDENHAM SOCIETY.

Chirurgicus, (Auckland, New Zealand.)—The provisions of the Local Act supersede those of the General Act. He is, therefore, not exempt.

Pater.—About four years.

Dr. S. Oliver.—The note shall receive attention.

Tibi will be exempt if he registers his admission card this session.

AMALGAMATION OF THE MEDICAL SOCIETIES.

To the Editor of THE LANCET.

SIR,—Will you give me a small space in your journal to ask the Council of the Royal Medical and Chirurgical Society, what they are about to do with regard to Mr. Charles Hawkins' scheme for uniting the Pathological, Obstetrical, and other Societies? Is "red-tapeism" (as you feared might be the case) stopping the way? If so, will you request it "to move on"?

I am, Sir, yours, &c.,
October, 1860. ENQUIRER.

A Sufferer.—We have not heard of any such mode of treatment.

Mona.—It is at least not an advisable addition.

Delta will find an answer to his question at page 419.

Mr. E. L.—Attention shall be paid to the request.

Dens.—Any respectable dentist can answer the question.

HOMŒOPATHY WITH A VENGEANCE.

To the Editor of THE LANCET.

SIR,—I was a few days ago shown a prescription by a chemist, who was afraid of making it up. I told him by all means to label the bottle POISON in the largest and most conspicuous letters. The respected clergyman for whose benefit it purports to be written is, with his good lady, an ardent admirer of homœopathy, and believes in nothing else—medically, *bien entendu*. I subjoin an exact copy of the prescription, and remain, Sir, your obedient servant,
October, 1860. OBSERVATOR.

℞ Hy. oxymuriat., Mij.
Aquæ distillat., ℥v. M.
For outward application.

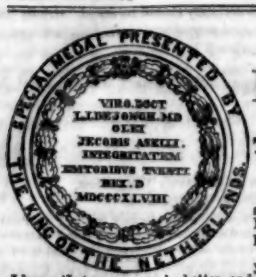
"The Rev. Mr. Charles." "Dr. Wetzlar.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Sampson Gamgee; Mr. Parker; Mr. A. Meadows; Mr. Joshua Watkins; Dr. David Easton; Dr. Oliver; Mr. Canton; Mr. Weeden Cooke; Mr. Oppenheim; Mr. Herring; Mr. Anderson, Glasgow; Dr. Muspratt; Dr. Leonard; Mr. Henry Thompson; Dr. Sedgwick, Bow-bridge; Mr. J. M. Jones; Dr. Hillier; Mr. Thorley; Dr. Buchanan; Mr. S. Pratt; Dr. J. Carter; Dr. R. U. West; Mr. D. Thomson; Dr. J. G. Wilson; Mr. T. J. Denton, (with enclosure;) Messrs. Argles and Co., Maidstone, (with enclosure;) Mr. Wildash, (with enclosure;) Mr. Tickler, (with enclosure;) Dr. Goldsmith, (with enclosure;) Dr. Williams, Worcester; Mr. S. Lawton, Sheffield; Dr. E. Williams; Mr. C. Sloper; Mr. A. Temple, Kinrton, (with enclosure;) Dr. Duke; Mr. T. O. Blore, (with enclosure;) Mr. Bell, Bradford, (with enclosure;) Mr. P. Hoare, (with enclosure;) Chirurgus; Observator; Delta; F.R.C.S., Chester; X.; A Reader, Brighton; A Member of the New Sydenham Society; Studens; Alpha, (with enclosure;) T. H.; Such is Life; Dens; Enquirer; &c. &c.

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.



OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) **JONATHAN PEREIRA,**

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

Morphiæ Tannas c. Glycerinâ—

a proposed substitute for Ung. Gallæ Co. The supposed advantages of this preparation are—being in solution, a greater certainty of its action; from its adherent quality, the probability of its remaining longer in contact with the parts; almost colourless, it leaves no unsightly stain upon the linen; and being soluble in water, it is easily washed off when required.

Originated and prepared by

FISHER, SON, & HASELDEN, 18, Conduit-street, Regent-street, London, W.

MEDICATED COD-LIVER OILS.

Cod-liver Oil with Quinine.

COD-LIVER OIL with QUININE and IODIDE of IRON.
COD-LIVER OIL with IODIDE of IRON, &c. &c.

The undersigned supply the above, as usual, for home consumption or exportation, in bottles, 8oz., 2s.; 16oz., 3s. 6d.; 20oz., 4s.; 40oz., 7s. 6d.; 80oz., 14s. each. A liberal discount on quantities.—BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.

Antimargaric Cod-liver Oil, Pure

and Tasteless, sold by H. ELDREDGE, Wholesale Agent, for Messrs. WM. & EBENR. ROTTON, at their Depôt, 85, Pentonville-road, London, and by most respectable Chemists throughout the kingdom.

This Oil, extracted by W. and E. ROTTON, possesses all the medicinal properties essential in cases of Consumption, Diseases of the Chest, Infantile Wasting, general Weakness, &c., and for many ills the human frame is heir to, there is not its equal. In order to prove its superiority over every other, it has been subjected to the most scientific Analysis, as proved by Testimonials received from the following well-known Physicians: WM. HERAPATH, F.C.S. of Bristol; JOHN POSTGATE, M.D.; Dr. BELL FLETCHER, M.D.; D. W. CROMPTON, M.D.; WM. SANDS COX, Senior Surgeon of the Queen's Hospital, Birmingham; and many others of equal eminence.

Dr. SEPTIMUS GIBBON, A.B. & M.D., Medical Officer of Health, late Professor of Natural Philosophy at St. Bartholomew's Hospital, Physician to the London Hospital, &c. &c., of No. 3, Finsbury-square, London, E.C., whose recent investigation under Government brought to light such an alarming extent of adulteration in articles of diet, writing expressly upon Messrs. W. & E. ROTTON'S Antimargaric Cod-liver Oil, uses the following expressions:—

"I have carefully examined some bottles of Messrs. W. ROTTON & Son's Cod-liver Oil, and find them to be excellent samples of pure Oil. Besides answering admirably to the usual tests, it is free from the noxious and nauseous principles, Margaric Acid, &c., which so commonly render Cod-liver Oil not only unpalatable, but indigestible and injurious to the human stomach. By their mode of extracting and preparing this admirable remedy, I feel satisfied they have overcome the main obstacle to its more frequent and general use in medical practice."

The Antimargaric Oil is sold in pint bottles at 2s. 6d.; half-pint, 1s. 3d.; quarter-pints, 8d. Where a difficulty is found in obtaining it, write direct to the Depôt, when a case will be forwarded for the amount of 5s. or 10s. carriage free.

Brewer's Syrups of the Hypophosphites and Biphosphates.

Syr. Ferri Hypophos. et Quina	6s. per lb.
Syr. Ferri Hypophos. comp.	6s. „
Syr. Ferri Hypophosphitis	4s. „
Syr. Ferri Biphosphatis comp., or Chemical Food	4s. „
Syr. Ferri Biphosphatis et Manganese	3s. „
Syr. Ferri Biphosphatis, vulgo Syr. Ferri Superphosphatis ...	2s. „
Syr. Zinci Biphosphatis	3s. „

J. W. N. BREWER, Pharmaceutical Chemist, 5, Liverpool-street, London, E.C.
All Export Orders to be addressed to Messrs. J. W. N. Brewer & Co.

"JUST IMPORTED DIRECT."

Pale Newfoundland Cod-Liver Oil

and LIGHT-BROWN COD-LIVER OIL.—These Oils are of the finest qualities, the Fish this season having been in finer condition than for some previous seasons. The Pale Newfoundland Oil in one gallon, bottle and basket included, 11s.; and the Light-Brown, bottle and basket included, 7s. 6d. per gallon.—Post-office Orders to be made payable to THOMAS KEATING, 79, St. Paul's-churchyard, London.

New Remedies by Savory & Moore.

Hypophosphite of Quinine; Hypophosphite of Iron;
Hypophosphite of Iron and Quinine in Scales (perfectly soluble);
Syrup of Hypophosphite of Iron and Quinine.
Most successfully employed in cases of Debility and Low Vitality.

Carbonate of Lithia; Hypophosphite of Lime, Soda, and Ammonia;
Syrups of Phosphate of Iron, Lime, Manganese, &c. &c.

Genuine Medicated Cod-liver Oils.

Of this class of Medicines, introduced by SAVORY & MOORE, the following have the greatest reputation:—

Cod-liver Oil with Quinine.	Cod-liver Oil with Iodine and Iodide of Potassium.
Cod-liver Oil with Iodide of Iron.	Cod-liver Oil with Biniodide of Mercury.
Lactate of Iron, and Acetate of Iron.	

The New EYE DOUCHE, invented by SAVORY & MOORE, has elicited the approbation of the most eminent Oculists.—*Vide* THE LANCET of March 31st.

N.B.—Inferior Instruments, pirated from the New Design, are being offered for sale as "the same as Savory and Moore's Eye Douche."

14?, New Bond-st.; 29, Chapel-st., Belgrave-sq.; and 220, Regent-st., London.

Oil of Horse-Chestnuts.—Caution.

Messrs. REW & CO. are compelled to caution the Profession against the purchase of spurious Oils which are sold as Oil of Horse-Chestnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address as under.

LIQUOR CASTANEA EQUINA. This preparation of the Horse-Chestnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, two to four drachms.

LITHIA WATER, LITHIA AMMONIA, and LITHIA WITH POTASH, prepared by the directions of Dr. Garrod. These Waters are most agreeable in flavour, and strongly effervescent. 5s. per dozen, with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. REW & CO., Operative Chemists, 285, Regent-street, London.

Health, Pure Air, and Fresh Water.

CONDY'S PATENT FLUID is harmless and inodorous. Depending on the presence of Nascent Oxygen, Nature's true and only purifying agent, it disinfects and purifies everything, solid, liquid, or aëriform, and forms, when diluted, an invaluable lotion, which does not stain the finest linen. In bottles, green, 6d., 1s., and 2s.; crimson (stronger and purer), 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER is also harmless and inodorous, depending on the same principle, and destroying all smells in the same manner in lieu of disguising them. In bottles, 1s., 1s. 6d., & 3s.; and in casks, 1 cwt., 36s.

LIQUOR POTASS. PERMANGANATIS (CONDY). Gr. ij. ad 3j.
LIQUOR MAGNESIÆ PERMANGANATIS (CONDY). Gr. ij. ad 3j.
LIQUOR CALCIS PERMANGANATIS (CONDY). Gr. ij. ad 3j.

Solutions of pure Permanganates, for internal and external use. Antiseptic and Tonic. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

Wholesale and Retail Agents: J. Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Savory and Sons, Bond-street; Morson and Son, Southampton-row; Butler and Crispe, 4, Cheapside; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; Harvey and Reynolds, Leeds; Reinhardt and Sons, Leeds; E. Smeeton and Son, Leeds; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; J. Mackay, 121, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin.—Chemical Works, Battersea, S.W.